

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90044 026 ****61.25

DOCUMENT # N01849

1. Entity Name
**ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1500 SUNSET RD
TARPON SPRINGS, FL 34689 US**

Mailing Address
**7300 PARK ST
SEMINOLE, FL 33777 US**

50055675



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2376850

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINHARDT, DEBBIE
C/O RESOURCE MANAGEMENT
7300 PARK ST
SEMINOLE, FL 33777**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **SALERNO, CAROLE**
STREET ADDRESS **1500 SUNSET RD #F2**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE DT ☐ Delete
NAME **NOONAN, JOAN**
STREET ADDRESS **1500 SUNSET RD #A3**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE VP ☐ Delete
NAME **REYNOLDS, LENORE**
STREET ADDRESS **1500 SUNSET RD**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE D ☒ Delete
NAME **PAGANO, JOE**
STREET ADDRESS **1500 SUNSET RD #F2**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE D ☒ Delete
NAME **ADAMS, DAVID**
STREET ADDRESS **1500 SUNSET RD #B6**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #