

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000500

FILED
Apr 06, 2007
Secretary of State

Entity Name: TARPON KEY CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

4250 ALAFAYA TR - SUITE 212-345
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

4250 ALAFAYA TR - SUITE 212-345
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-4486984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNSIDE, LILLY
4250 ALAFAYA TR - SUITE 212-345
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS
4250 ALAFAYA TR
SUITE 212-345
OVIEDO, FL 32765 US

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.

SIGNATURE: CURTIS BURNSIDE

04/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: J. SAMUEL BUTLER,
Address: 151 SOUTHHALL LANE #210
City-St-Zip: MAITLAND, FL 32751

Title: TM () Delete
Name: BUTLER, DAVID L
Address: 151 SOUTHHALL LANE #210
City-St-Zip: MAITLAND, FL 32751

Title: SM () Delete
Name: FLINT, NANCY
Address: 151 SOUTHHALL LANE #210
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MIMBS, JUSTIN
Address: 2529 KILGORE STREET UNIT 201
City-St-Zip: ORLANDO, FL 32803

Title: PD (X) Change () Addition
Name: MOORE, JAMES
Address: 2519 KILGORE STREET UNIT 203
City-St-Zip: ORLANDO, FL 32803

Title: STD (X) Change () Addition
Name: TUCKER, JAMIE
Address: 2514 WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MOORE

PD

04/06/2007

Electronic Signature of Signing Officer or Director

Date