

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 030 \*\*\*\*61.25



**DOCUMENT # N06000000500**  
 1. Entity Name  
**TARPON KEY CONDOMINIUMS ASSOCIATION, INC.**

Principal Place of Business  
 2884 S. OSCEOLA AVENUE  
 ORLANDO, FL 32806

Mailing Address  
 2884 S. OSCEOLA AVENUE  
 ORLANDO, FL 32806

2. Principal Place of Business - No P.O. Box #  
*clo World of Homes*  
 Suite, Apt. #, etc.  
*2884 S. Osceola Avenue*

3. Mailing Address  
*clo World of Homes*  
 Suite, Apt. #, etc.  
*2884 S. Osceola Avenue*

City & State  
*Orlando, FL*

Zip  
*32806*

Country  
*USA*

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 20-4486984

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**FERDINANDSEN ENTERPRISES, INC.**  
 2884 S. OSCEOLA AVENUE  
 ORLANDO, FL 32806

7. Name and Address of New Registered Agent

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]* DATE *1-18-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	VP	<input type="checkbox"/> Delete
NAME	MIMBS, JUSTIN	
STREET ADDRESS	2529 KILGORE STREET UNIT 201	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	2519 KILGORE STREET UNIT 203	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TUCKER, JAMIE	
STREET ADDRESS	2514 WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* DATE: *1/16/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES MOORE**

Date Daytime Phone #