

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
Secretary of State**

DOCUMENT# N06000000500

Entity Name: TARPON KEY CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ALT () Change (X) Addition
Name: SIPES, SUSIE ALT
Address: 2524 WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify 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: EDDIE VARGAS, JR.

PM

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date