

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N08513 (6)  
 1. Corporation Name  
**TARPON LANDINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 2140 TARPON LANDINGS DRIVE  
 TARPON SPRINGS FL 34689  
 US

3. Date Incorporated or Qualified **04/03/1985** 3a. Date of Last Report **02/09/1995**  
 4. FEI Number **59-2669060** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 2110 Tarpon Landings Dr. 26 2110 Tarpon Landings Dr.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Tarpon Springs, FL 28 Tarpon Springs, FL  
 Zip Country Zip Country  
 24 34689 25 US 29 34689 30 US

9. Name and Address of Current Registered Agent  
**BEWICK, JOHN**  
 2140 TARPON LANDINGS DRIVE  
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent  
 81 Name **C. G. GLINSKI**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2110 TARPON LANDINGS DR.**  
 83  
 84 City **TARPON SPRINGS FL** 85 Zip Code **34689**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *C. G. Glinski* **C. G. GLINSKI** **JUNE 7, 1996**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|-------------------------|---|
| TITLE                      | PD                      | 1.1 TITLE   |
| NAME                       | CETIN, MIKE             | 1.2 NAME  |
| STREET ADDRESS             | 2130 TARPON LANDINGS DR | 1.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | TARPON SPRINGS FL       | 1.4 CITY-ST-ZIP                                       |
| TITLE                      | VD                      | 2.1 TITLE   |
| NAME                       | BEWICK, JOHN            | 2.2 NAME  |
| STREET ADDRESS             | 2140 TARPON LANDING DR  | 2.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | TARPON SPRINGS FL       | 2.4 CITY-ST-ZIP                                       |
| TITLE                      | TSD                     | 3.1 TITLE   |
| NAME                       | MOON, R.                | 3.2 NAME  |
| STREET ADDRESS             | 2140 TARPON LANDINGS DR | 3.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | TARPON SPRINGS FL 34689 | 3.4 CITY-ST-ZIP                                       |
| TITLE                      |                         | 4.1 TITLE   |
| NAME                       |                         | 4.2 NAME  |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |
| TITLE                      |                         | 5.1 TITLE   |
| NAME                       |                         | 5.2 NAME  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |
| TITLE                      |                         | 6.1 TITLE   |
| NAME                       |                         | 6.2 NAME  |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Glenda Floyd             |  |
| 1.3 STREET ADDRESS | 2162 Tarpon Landings Dr. |  |
| 1.4 CITY-ST-ZIP    | Tarpon Springs, FL 34689 |  |
| 2.1 TITLE          | Y                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | GEORGIA CHAMBERLAIN      |  |
| 2.3 STREET ADDRESS | 2140 Tarpon Landings Dr. |  |
| 2.4 CITY-ST-ZIP    | Tarpon Springs, FL 34689 |  |
| 3.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                          |  |
| 3.3 STREET ADDRESS |                          |  |
| 3.4 CITY-ST-ZIP    |                          |  |
| 4.1 TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | C. G. Glinski            |  |
| 4.3 STREET ADDRESS | 2110 Tarpon Landings Dr  |  |
| 4.4 CITY-ST-ZIP    | Tarpon Springs, FL 34689 |  |
| 5.1 TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | MICHAEL CETIN            |  |
| 5.3 STREET ADDRESS | 2130 Tarpon Landings Dr. |  |
| 5.4 CITY-ST-ZIP    | Tarpon Springs, FL 34689 |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 6.4 CITY-ST-ZIP    |                          |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. G. Glinski* **C. G. GLINSKI** **JUNE 7, 1996** **813-938-5422**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)