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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
2110 TARPON LANDINGS DR.
TARPON SPRINGS FL 34689
US

Mailing Address
2110 TARPON LANDINGS DR.
TARPON SPRINGS FL 34689-8800
US

3. Date Incorporated or Qualified 04/03/1985
3a. Date of Last Report 06/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2669060
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.G. GLINSKI
2110 TARPON LANDINGS DR.
TARPON SPRINGS FL 34689

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	GLENDIA FLOYD	
STREET ADDRESS	2162 TARPONS LANDINGS DR.	
CITY-ST-ZIP	TARPON SPIRNGS FL 34689	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GEORGIA CHAMBERLAIN	
STREET ADDRESS	2140 TARPON LANDING DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	MOON, R.	
STREET ADDRESS	2160 TARPON LANDINGS DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLINSKI, C G	
STREET ADDRESS	2110 TARPON LANDINGS DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL CETIN	
STREET ADDRESS	2130 TARPON LANDINGS DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. G. Glinski	
1.3 STREET ADDRESS	2110 Tarpon Landings Dr.	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	VS	<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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Cetin	
3.3 STREET ADDRESS	2130 Tarpon Landings Dr.	
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elisabeth Snyder	
4.3 STREET ADDRESS	2144 Tarpon Landings Dr.	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Diane LaPointe	
5.3 STREET ADDRESS	2112 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, Pres. Bd. of Dir. 1/24/97 813-938-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089047

CR2E037 (9/96)