

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N25115** (9)  
1. Corporation Name  
**TARPON CLUB ASSOCIATION, INC.**

95 FEB 13 PM 12: 04

Principal Place of Business Mailing Address  
**% PROGRESSIVE MGMT.**  
**2753 STATE RD. 580 #207**  
**CLEARWATER FL 34621-3345**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1988** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **59-2880118** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**REARDON MAUREEN C CPM**  
**2753 STATE RD 580**  
**S207**  
**CLEARWATER FL 34621**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>DYKSTAL, HENRY</b>
STREET ADDRESS	<b>502 S FLORIDA AVE S114</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>SD</b>
NAME	<b>NALL, RICK</b>
STREET ADDRESS	<b>504 SOUTH FLORIDA AVE #235</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>VD</b>
NAME	<b>CAPOZZI, ROBERT</b>
STREET ADDRESS	<b>502 S FLORIDA AVE S142</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>PD</b>
NAME	<b>POTRYKUS, CHRIS</b>
STREET ADDRESS	<b>502 SOUTH FLORIDA AVE. #124</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>RUMMEL-BUZ</b>
STREET ADDRESS	<b>5401 CENTRAL AVE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MOILES, EARLE</b>	
2.3 STREET ADDRESS	<b>504 S. FLORIDA AVE #245</b>	
2.4 CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
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	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ESPOSITO, BEN</b>	
5.3 STREET ADDRESS	<b>504 S. FLORIDA AVE #224</b>	
5.4 CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
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 110.07(3)(a), 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: *Henry A. Dykstal* **HENRY A. DYKSTAL** 2/3/95 (S13) 942-7773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR