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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N25115

(9)

TARPON CLUB ASSOCIATION, INC.									
Principa! Place	e of Business	Mailing Address				- I 1881/141 UIS HODE DHA HALL FAS			EIDIN AKUN IEDI
% PROGRESSIVE MGMT.         % PROGRESSIVE MGMT           2753 STATE RD. 580 #207         2753 STATE RD. 580 #2           CLEARWATER FL 34621-3345         CLEARWATER FL 34621			#207	207		Date Incorporated or Qualified			
						03/01/1988	1	2/13/1	,
¬ ·	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.				59-2880118			Not Applicable
2		27				5. Certificate of Status Desired		•	Additional Required
City & State	9	City & State				6. Election Campaign Financing		\$5.0	O May Be
Zip	Country	28				Trust Fund Contribution		Adde	d to Fees
) <sup>Zip</sup>	Country 25	Z <sub>1</sub> p	30	intry		This corporation has liability for it florida Statutes	ntangible tax i ] Yes 🔀 N		199.032,
1	9. Name and Address of Curre		100	1		10. Name and Address of New R			
				81	Name				
REARDO	ON MAUREEN C CPM			82	Street Address (P.O. Box Number is Not Acceptable)				
2753 ST	TATE RD 580								
S207				83					
CLEARY	VATER FL 34621			84	City			85 Z <sub>K</sub>	Code
1 Pursuant t	to the provisions of Sections 617 050	12 and 617 1509. Florida State	uton the she		anad assass	ation submits this statement for the pur	<u>FL</u>	$\sqcup \! \! \! \! \! \perp$	
familiar wi	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ction 617.0503, Florida Statut	es.						
iamiliar wii BIGNATURE	th, and accept the obligations of, Sec Signature, typed or printed name of registered agor	etion 617.0503, Florida Statuti	es.		signature required		DATE	RECTO	RS IN 12
GIGNATURE _	th, and accept the obligations of, Sec Signature, typed or printed name of registered agor	nt and little if applicable (	6S. NOTE Flugisteres	l Agent	bayupan shutanga	l when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTO	RS IN 12
ignature	Signature, typed or printed name of registered again OFFICERS AN PD DYKSTAL, HENRY	nt and little if applicable (	0S.  NOTE Rogistere:  13.	I Agent	signati.në required		CERS AND D		
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