

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25115** (9)  
1. Corporation Name  
**TARPON CLUB ASSOCIATION, INC.**



Principal Place of Business <b>% PROGRESSIVE MGMT. 2753 STATE RD. 580 #207 CLEARWATER FL 34621-3345</b>	Mailing Address <b>% PROGRESSIVE MGMT. 2753 STATE RD. 580 #207 CLEARWATER FL 34621-3345</b>
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3. Date Incorporated or Qualified  
**03/01/1988**

4. FEI Number <b>59-2880118</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. <b>33761</b>	29. <b>33761</b>
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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
85. Zip Code <b>FL 33761</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DYKSTAL, HENRY</b>	
STREET ADDRESS	<b>502 S FLORIDA AVE S114</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>MOILES, EARLE</b>	
STREET ADDRESS	<b>504 S. FLORIDA AVE. #245</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CAPOZZI, ROBERT</b>	
STREET ADDRESS	<b>502 S FLORIDA AVE S142</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>POTRYKUS, CHRIS</b>	
STREET ADDRESS	<b>502 SOUTH FLORIDA AVE. #124</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ESPOSITO, BEN</b>	
STREET ADDRESS	<b>504 S. FLORIDA AVE. #224</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Henry A. Dykstal* **HENRY A. DYKSTAL** 2/4/98 813-942-7773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063141

CFR2037 (10/97)