

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90032 045 ****61.25

DOCUMENT # N25115

1. Entity Name

TARPON CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PROGRESSIVE MGMT.
 2753 STATE RD. 580 #207
 CLEARWATER FL 33761
 US

% PROGRESSIVE MGMT.
 2753 STATE RD. 580 #207
 CLEARWATER FL 33761-3345
 US

900000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2880118

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REARDON MAUREEN C CPM
2753 STATE RD 580
S207
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME **DYKSTAL, HENRY**
 STREET ADDRESS **502 S FLORIDA AVE S114**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE SD Delete
 NAME **MOILES, EARLE**
 STREET ADDRESS **504 S. FLORIDA AVE. #245**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE VD Delete
 NAME **CAPOZZI, ROBERT**
 STREET ADDRESS **502 S FLORIDA AVE S142**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE D Delete
 NAME **FORCELLA, DONNA**
 STREET ADDRESS **504 S FLA AVE 212**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE TD Delete
 NAME **ESPOSITO, BEN**
 STREET ADDRESS **504 S. FLORIDA AVE. #224**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS **502 S. FLORIDA AVE #114**
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **502 S. FLORIDA AVE #142**
 CITY-ST-ZIP

TITLE D Change Addition
 NAME **ANNAS, THOMAS**
 STREET ADDRESS **504 S. FLORIDA AVE #223**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry Dykstal
HENRY DYKSTAL

1-12-00 727-942-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #