

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# N25115

Entity Name: TARPON CLUB ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2880118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANNAS, TOM
Address: 502 S. FLORIDA AVE #223
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: MOILES, EARLE
Address: 504 S. FLORIDA AVE. #245
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: NEFF, WILLIAM
Address: 504 S. FLORIDA AVE #135
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: BALDYGA, JOHN
Address: 504 S. FLORIDA AVE #21
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD () Delete
Name: MCPHERON, ROBERT
Address: 502 S. FLORIDA AVE. #112
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PETRA, JOHN
Address: 504 S. FLORIDA AVE. #233
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD (X) Change () Addition
Name: NEFF, WILLIAM
Address: 504 S. FLORIDA AVE #135
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM ANNAS

PD

04/19/2004

Electronic Signature of Signing Officer or Director

Date