

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25115

FILED  
Mar 14, 2006  
Secretary of State

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

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

Title: SD (X) Change ( ) Addition  
Name: NEFF, WILLIAM  
Address: 504 S. FLORIDA AVE #233  
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 Chapter 119, 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: THOMAS ANNAS

PD

03/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date