

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25115

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TARPON CLUB ASSOCIATION, INC.

## Current Principal Place of Business:

5901 U.S. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

## New Principal Place of Business:

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

## Current Mailing Address:

5901 U.S. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

## New Mailing Address:

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

FEI Number: 59-2880118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 U.S. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

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

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: MAUREEN C. REARDON

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANNAS, TOM  
Address: 5901 U.S. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP ( ) Delete  
Name: PETRAS, JOHN  
Address: 5901 U.S. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD ( ) Delete  
Name: LOYD, THORAINE  
Address: 5901 U.S. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD ( ) Delete  
Name: BALDYGA, JOHN  
Address: 5901 U.S. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D ( ) Delete  
Name: SHIFFERIN, ROBERT  
Address: 5901 U.S. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: TOM ANNAS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date