FIL[redacted] FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005686 (1)**

1. Corporation Name

TARPON PASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3150 MATECUMBE KEY ROAD PUNTA GORDA FL 33955	3150 MATECUMBE KEY ROAD PUNTA GORDA FL 33955

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3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1993	03/09/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 1904 CLUBHOUSE DRIVE	59-3236784	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 SUN CITY CENTER, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33573 / Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

STARKEY, JERRY L
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33570

10. Name and Address of New Registered Agent

81 Name: ROBERT E. GREENE
82 Street Address (P.O. Box Number is Not Acceptable): FLORIDA LIFESTYLE MANAGEMENT
83: 1904 CLUBHOUSE DRIVE
84 City: SUN CITY CENTER FL 85 Zip Code: 33573

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: [signature] 3/7/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	KELSEY, PATRICIA A		1.2 NAME	KNOX, R. DAVID	
STREET ADDRESS	2020 CLUBHOUSE DR.		1.3 STREET ADDRESS	4061 KING TARPON DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33570		1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	GASKILL, HAROLD B		2.2 NAME	VALE, RICHARD	
STREET ADDRESS	2020 CLUBHOUSE DR.		2.3 STREET ADDRESS	5011 KING TARPON DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33570		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	STD	☒ DELETE	3.1 TITLE	SDT	☐ Change ☒ Addition
NAME	FLINN, MILTON		3.2 NAME	MACHLAN, DANIEL	
STREET ADDRESS	2020 CLUBHOUSE DR.		3.3 STREET ADDRESS	3061 KING TARPON DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33570		3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	ROY, PAUL	
STREET ADDRESS			4.3 STREET ADDRESS	2001 KING TARPON DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	CHARD, KENNETH	
STREET ADDRESS			5.3 STREET ADDRESS	4091 KING TARPON DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] President 2/26/96 941-639-7458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #