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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-5912

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 3160 Matecumbe Key Road	Suite, Apt. #, etc. 27: 3160 Matecumbe Key Road
City & State 23: Punta Gorda FL	City & State 28: Punta Gorda, FL
Zip 24: 33955 Country 25: Lee	Zip 29: 33955 Country 30: Lee

4. FEI Number: 59-3236784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
1904 CLUBHOUSE DR.
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name: Debra K. Meredith
82 Street Address (P.O. Box Number is Not Acceptable): 3160 Matecumbe Key Road
83
84 Punta Gorda, FL 85 33955

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: Debra K. Meredith, Mgr. DATE: 4-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	KNOX, DAVID R.	1.2 NAME	GOULD, JERRY
STREET ADDRESS	4061 KING TARPON DR.	1.3 STREET ADDRESS	4021 KING TARPON DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33955	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	VALE, RICHARD	2.2 NAME	SCHWALM, BOB
STREET ADDRESS	5011 KING TARPON DR.	2.3 STREET ADDRESS	4011 KING TARPON DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33955	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	SDT ☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	MACHLAN, DANIEL	3.2 NAME	MARINO, MIKE
STREET ADDRESS	3061 KING TARPON DR.	3.3 STREET ADDRESS	4051 KING TARPON DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33955	3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	D ☒ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	ROY, PAUL	4.2 NAME	RODGERS, ROLAND
STREET ADDRESS	2001 KING TARPON DR.	4.3 STREET ADDRESS	2041 KING TARPON DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33955	4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	D ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CHARD, KENNETH	5.2 NAME	BANKS, DENNY
STREET ADDRESS	4091 KING TARPON DR.	5.3 STREET ADDRESS	3001 KING TARPON DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33955	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 (9/96)

14. I do 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 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: Jerry Gould REQUIRED 4-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046412