

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005686

1. Entity Name

TARPON PASS CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90057 009 ****61.25

Principal Place of Business

Mailing Address

3160 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955
US

3160 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955-1907
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 511246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda, FL

Zip

Country

Zip

33951-1246

Country

4. FEI Number

59-3236784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEREDITH, DEBRA K
3160 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GOULD, JERRY
STREET ADDRESS 4021 KING TARPON DR
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SCHWALM, BOB
STREET ADDRESS 4011 KING TARPON DR
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MARINO, MIKE
STREET ADDRESS 4051 KING TARPON DR
CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DICHE, PAUL
STREET ADDRESS 3051 KING TARPON DR
CITY-ST-ZIP PUNTA GORDA FL 33955 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DAVIDSON, TINY
STREET ADDRESS 2061 KING TARPON DR
CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

012000

Date

941-639-

Daytime Phone #

5487

CR2E037 (9/99)