2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N93000005686

Entity Name: KING TARPON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 339380758 US

New Mailing Address:

FEI Number: 59-3236784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVENUE
PUNTA GORDA, FL 33983 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: HAVEMEYER, CRAIG
Address: 4041 KING TARPON DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: VPD ( ) Delete
Name: SCHWALM, BOB
Address: 4011 KING TARPON DR
City-St-Zip: PUNTA GORDA, FL

Title: SD ( ) Delete
Name: DAVIDSON, TINY
Address: 2061 KING TARPON DR
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete
Name: LUND, BOB
Address: 3081 KING TARPON DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: TD ( ) Delete
Name: ENDRES, ELLA
Address: 3041 KING TARPON DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAVEMEYER, CRAIG
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change ( ) Addition
Name: SCHWALM, BOB
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: SD (X) Change ( ) Addition
Name: SHERBROOKE, WILLIAM
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D (X) Change ( ) Addition
Name: LUND, BOB
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: TD (X) Change ( ) Addition
Name: ENDRES, ELLA
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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: CRAIG HAVEMEYER PD 03/16/2009

Electronic Signature of Signing Officer or Director — Date