

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004319 (9)

1. Corporation Name

TARPON PASS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3150 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955

Mailing Address

3150 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955



3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 59-3294471

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

33573

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARKEY, JERRY L
3150 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955

81. Name

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

83.

84. City

FL

85.

Zip Code

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, 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
NAME KELSEY, PATRICIA A
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33570

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33573

☒ Change ☐ Addition

TITLE STD
NAME FLINN, MILTON
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33570

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33573

☒ Change ☐ Addition

TITLE VD
NAME HOPPER, CARL J
STREET ADDRESS 3150 MATECUMBE KEY ROAD
CITY-ST-ZIP PUNTA GORDA FL 33955

☒ DELETE

3.1 TITLE VD
3.2 NAME KURCHINSKI, FRANK
3.3 STREET ADDRESS 3150 MATECUMBE KEY ROAD
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33955

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)