

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90074 042 ****61.25

0070754

DOCUMENT # N94000004319

1. Entity Name

TARPON PASS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3160 MATECUMBE KEY RD
PUNTA GORDA FL 33955

P.O. BOX 511151
PUNTA GORDA FL 33951-1151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3294471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, DEBRA K
STAR HOSPITALITY MORG.
3160 MATECUMBE KEY RD
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name **ALAN WHITE 40 STAR MGMT.**
Street Address (P.O. Box Number is Not Acceptable) **ISSIO BURN STORE RD.**
City **PUNTA GORDA FL** Zip Code **33955**

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]

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'SULLIVAN, MICHAEL	
STREET ADDRESS	237 ISLAMORADA BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREGEL, DONALD	
STREET ADDRESS	2331 ISLAMORADA BLVD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLASS, WALLACE	
STREET ADDRESS	2057 BIG PASS LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTSON, DAVID	
STREET ADDRESS	2049 BIG PASS LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN-DAVIS, JANE	
STREET ADDRESS	2041 BIG PASS LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUDON THOMAS	
STREET ADDRESS	209 ISLAMORADA BLVD.	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2001 (941) 545-2352

Date

Daytime Phone #

CR2E037 (10/00)