


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90123 042 ****61.25

DOCUMENT # N94000004319 1. Entity Name TARPON PASS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3160 MATECUMBE KEY RD PUNTA GORDA, FL 33955			Mailing Address 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, ALAN STAR HOSPITALITY MORG. 15510 BURNTSTORE RD PUNTA GORDA, FL 33955				Name STAR Hospitality Management Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Rd #2 City Punta Gorda FL Zip Code 33950	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACKERMAN-DAVIS, JANE 2041 BIG PASS LN PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joe Drips 413 Islamorada Blvd Punta Gorda, FL 33955
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDDEN, DAVE 417 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARRETT, PAUL 437 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mary Ann Cudini 401 Islamorada Blvd. Punta Gorda FL 33955
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRIPS, JOE 413 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ray Harden. 2037 Big Pass Lane. Punta Gorda FL 33955.
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACLEAN, JAN 501 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eudon Thomas 209 Islamorada Blvd. Punta Gorda FL 33955
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: <u>Joe Drips</u> 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40080400



02182005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

WHITE, ALAN
STAR HOSPITALITY MORG.
15510 BURNTSTORE RD
PUNTA GORDA, FL 33955

Name **STAR Hospitality Management**
Street Address (P.O. Box Number is Not Acceptable)

6025 Taylor Rd #2

City **Punta Gorda**

FL Zip Code **33950**

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Due by May 1, 2005**

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**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP
**DP
ACKERMAN-DAVIS, JANE
2041 BIG PASS LN
PUNTA GORDA, FL 33955**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Joe Drips
413 Islamorada Blvd
Punta Gorda, FL 33955**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CUDDEN, DAVE
417 ISLAMORADA BLVD
PUNTA GORDA, FL 33955**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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437 ISLAMORADA BLVD
PUNTA GORDA, FL 33955**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**VD
Mary Ann Cudini
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Punta Gorda FL 33955**

☐ Change ☒ Addition

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SIGNATURE: Joe Drips 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #