

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91480 023 ****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



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, EUDON	
STREET ADDRESS	209 ISLAMORADA BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREGEL, DONALD	
STREET ADDRESS	2331 ISLAMORADA BLVD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GARRETT, PAUL	
STREET ADDRESS	437 ISLAMORADA BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBERTSON, DAVID	
STREET ADDRESS	2049 BIG PASS LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANE DAVIS, JANE ACKERMAN	
STREET ADDRESS	2041 BIG PASS LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane ACKERMAN-DAVIS	
STREET ADDRESS	2041 Big Pass Lane	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Eudon	
STREET ADDRESS	209 Islamorada Blvd.	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE		<input 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		
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jane Ackerman-Davis

CR2E037 (10/02)