


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 013 ****61.25

DOCUMENT # N96000003883		
1. Entity Name LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business JIM NOBLES MANAGEMENT 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767 US		Mailing Address JIM NOBLES MANAGEMENT 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767 US
2. Principal Place of Business 10730 U. S. 19 Suite, Apt. #, etc. Suite 17 City & State Port Richey, FL	3. Mailing Address 10730 U. S. 19 Suite, Apt. #, etc. Suite 17 City & State Port Richey, FL	
Zip 34668	Country Pasco	Country Pasco

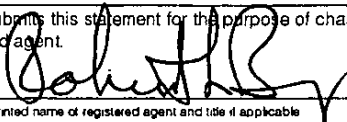


1st MOORE CR2E037 (10/04)

4. FEI Number 59-3398834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NICHOLS, SHERON JIM NOBLES MANAGEMENT 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767	7. Name and Address of New Registered Agent Name Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. Highway 19 Robert L. Berg City Port Richey FL Zip Code 34668
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD HOLSTEIN, GREGORY W -- 2579 CYPRUS DR UNIT 2-200 --- PALM HARBOR FL 34684 --	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Renquin, Jr., Earl 2579 Cyprus Drive #102 Palm Harbor, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDELA, PAUL -- 2595 CYPRUS DR 4204 PALM HARBOR FL 34684 --	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Healy, Barbara 2587 Cyprus Drive #103 Palm Harbor, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEWITT, TERRAINE -- 2579 CYPRUS DR 3404 PALM HARBOR FL 34684 --	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marquis, Kimberly 2579 Cyprus Drive #204 Palm Harbor, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE-MORANVILLE, LOIS -- 2595 CYPRUS DR UNIT 4-103 -- PALM HARBOR FL 34684 --	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Renquin, Leonard 2595 Cyprus Drive #104 Palm Harbor, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARLSON, ROY -- 25 CYPRUS DR UNIT 3-202 -- PALM HARBOR FL 34684 --	<input checked="" 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Barbara Healy 2587 Cyprus Dr. #3 Palm Harbor, FL 34684	<input type="checkbox"/> Change <input checked="" 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:  3-30-05 (727) 939-1608