2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 06, 2006 8:00 am Secretary of State

DOCUMENT # N9600003883 1. Entity Name LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.							02-00-20	000 90033	026 *****6	01.23	
10730 US 19 10. SUITE 17 SUI			Mailing Address 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US			 (22) (2) 8	S ESIID DIIN SSM SS	lih Blisa Besh Nesh	1 11181 18181 18280 1	iirsi et (egi	
2. Principal Place of Business 3.		3. M	3. Mailing Address								
Suite, Apt. #, etc.		5	Suite, Apt. #, etc.				01062006	Chg-NP	CR2E	037 (11/05)	
City & State			City & State				4. FEI Numb 59-339			 	oplied For ot / pplicable
Zip Country		ntry 2	Cip Country		try		5. Certificate	of Status Desir	ed .	\$8.75 Add Fee Require	
	6. Name and Add	dress of Current Registe	red Agent		Name		7. Name and	Address of N	ew Registere	d Agent	
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US HWY 19					Name						
ROBERT L. BERG PORT RICHEY, FL 34668											
·					City FL Zip Code						
the obligat	named entity submits tions of registered age	s this statement for the pu ent.	pose of changing its r	registered	d office or	registere	ed agent, or bo	th, in the State	of Florida. I ar	n familiar with,	and accept
SIGNATURE	Signature, typed or printed na	ame of registered agent and title if a	pplicable. (NOTE:	Registered A	Agent signatur	re required	when reinstating)		DATE		
SIGNATURE	Filing Fee is \$6 Due by May 1,	31.25	9. Election Carn Trust Fund Co	paign Fin	ancing		\$5.00 May E Added to Fees		Make che	ck payable to	
10.	Filing Fee is \$6 Due by May 1,	31.25	9. Election Cam Trust Fund Co	paign Fina ontribution	ancing		\$5.00 May E Added to Fees		Make che Florida Dep	ck payable to artment of Si	tate
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED MAME OR SIGNING OFFICER OR DIRECTOR

26 Jan 06