
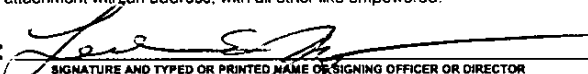


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

02-06-2006 90053 026 \*\*\*\*61.25

<b>DOCUMENT # N96000003883</b>			
1. Entity Name LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US		Mailing Address 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US	
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	
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US HWY 19 ROBERT L. BERG PORT RICHEY, FL 34668		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD RENQUIN, EARL JR -- <input type="checkbox"/> Delete 2670 CYPRUS DRIVE, #102-- PALM HARBOR, FL- 34684 --	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Renquin, Earl Jr. 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete HEALY, BARBARA 2687 CYPRUS DRIVE, #103 --- PALM HARBOR, FL- 34684 --	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Healy, Barbara 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete MARQUIS, KIMBERLY -- 2670 CYPRUS DRIVE, #204 --- PALM HARBOR, FL- 34684 --	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marquis, Kimberly 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD <input type="checkbox"/> Delete RENQUIN, LEONARD 2595 CYPRUS DRIVE, #104-- PALM HARBOR, FL- 34684 --	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Renquin, Leonard 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete HEALY, BARBARA -- 2597 CYPRUS DRIVE, #9 -- PALM HARBOR, FL- 34684 --	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patti, John 10730 U.S. 19, Suite 17 Port Richey, FL
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 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: 		26 Jan 06 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			