

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003883

FILED
Mar 13, 2009
Secretary of State

Entity Name: LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3398834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RENQUIN, EARL JR
Address: 5901 U.S 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VD () Delete
Name: HEALY, BARBARA
Address: 5901 U.S 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD () Delete
Name: MARQUIS, KIMBERLY
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD () Delete
Name: RENQUIN, LEONARD
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: PATI, CHARLENE
Address: 5901 U.S. 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

Electronic Signature of Signing Officer or Director

AGEN

03/13/2009

_____ Date