

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001086

1. Entity Name

CONDOMINIUM ASSOCIATION OF TARPON COVE, INC.

Principal Place of Business

200 HARBOR WALK DR  
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 511448  
PUNTA GORDA FL 33951-1448

2. Principal Place of Business

2600 West Marion Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

Country

33950

USA

Country

4. FEI Number

65-1095149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L  
223 TAYLOR ST  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CRIST, DOUGLAS E  
STREET ADDRESS 2305 BOLLMAN DR  
CITY-ST-ZIP LANSING MI 48917 ☐ Delete

TITLE VSD  
NAME JOHNS, LEWIS D  
STREET ADDRESS 316 E MICHIGAN AVE  
CITY-ST-ZIP LANSING MI 48933 ☐ Delete

TITLE TD  
NAME FASSETT, RANDY  
STREET ADDRESS 911 W MARION AVE  
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

04-21-2002 90862 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)