


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90056 016 \*\*\*\*61.25

<b>DOCUMENT # N01000001086</b> 1. Entity Name <b>CONDOMINIUM ASSOCIATION OF TARPON COVE, INC.</b>					
Principal Place of Business <b>2600 WEST MARION AVE PUNTA GORDA, FL 33950</b>			Mailing Address <b>P.O. BOX 380758 MURDOCK, FL 33938</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1095149</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WISHARD, KRIS 23081 HARBORVIEW RD, 2ND FL PORT CHARLOTTE, FL 33980</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MULLER, LINDA</b> <b>141 TROPICANA DR</b> <b>PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>GERONIME, GENE</b> <b>2610 TARPON COVE DR, #421</b> <b>PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MUENZ, JIM</b> <b>2595 TARPON COVE DR, #1221</b> <b>PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>SCHWARCK, TERRY</b> <b>2580 TARPON COVE DR #911</b> <b>PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SIMS, BILL</b> <b>2590 TARPON COVE DR, #822</b> <b>PUNTA GORDA, FL 33950</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MUSSELMAN, JAMES</b> <b>143 Tropicana Drive, #1012</b> <b>Punta Gorda, FL 33950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/1/07</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					