

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716578

Entity Name: TARPON CENTER VILLAS, INC.**Current Principal Place of Business:**900 GIBBS RD.
VENICE, FL 34285**Current Mailing Address:**C/O SUNSHINE MGD ASSC NETWORK
8388 S. TAMIAMI TRAIL PMB#173
SARASOTA, FL 34238 US**FEI Number:** 59-1325385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNSHINE MANAGED ASSOCIATIONS NETWORK
C/O SUNSHINE MGD ASSC NETWORK
8388 S. TAMIAMI TRAIL PMB#173
SARASOTA, FL 34238 US*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:** CHELLE BARNABY

02/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name KNIGHT, LILLIAN
Address C/O SUNSHINE MGD ASSC NETWORK
8388 TAMIAMI TRAIL PMB#173
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name CHRISTENSEN, JACK
Address 8388 TAMIAMI TRAIL
PMB #173
City-State-Zip: SARASOTA FL 34238

Title VP
Name ASKINS, MICHAEL
Address C/O SUNSHINE MGD ASSC NETWORK
8388 TAMIAMI TRAIL PMB#173
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT
Name PIERCE, JOHN
Address C/O SUNSHINE MGD ASSC NETWORK
8388 TAMIAMI TRAIL PMB#173
City-State-Zip: SARASOTA FL 34238

Title TREASURER
Name BRYINGTON, SCOTT
Address C/O SUNSHINE MGD ASSC NETWORK
8388 S. TAMIAMI TRAIL PMB#173
City-State-Zip: SARASOTA FL 34238

I hereby 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 all other like empowered.

SIGNATURE: JOHN PIERCE

PRESIDENT

02/15/2019

Electronic Signature of Signing Officer/Director Detail

Date