

2013 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 ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB #173
VENICE, FL 34293 US

FEI Number: 59-1325385

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB #173
VENICE, FL 34293 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name KNIGHT, LILLIAN
Address 4195 S. TAMIAMI TR., PMB #173
City-State-Zip: VENICE FL 34293

Title PRESIDENT
Name CHRISTENSEN, JACK
Address C/O ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB #173
City-State-Zip: VENICE FL 34293

Title SD
Name PIERCE, JOHN
Address 4195 S. TAMIAMI TR., PMB #173
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name MCGREGOR, LARRY
Address C/O ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB #173
City-State-Zip: VENICE FL 34293

Title TD
Name DICKENS, RUE
Address 4195 S. TAMIAMI TR., PMB #173
City-State-Zip: VENICE FL 34293

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: JACK CHRISTENSEN

PRESIDENT

02/05/2013

Electronic Signature of Signing Officer/Director Detail

Date