

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756628

**Entity Name:** TARPON BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**14459 RIVER BEACH ROAD  
PORT CHARLOTTE, FL 33953**Current Mailing Address:**C/O ADVANCED MANAGEMENT OF SW FL  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293 US**FEI Number:** 59-2632855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANCED MANAGEMENT OF SW FL INC  
C/O ADVANCED MANAGEMENT OF SW FL  
899 WOODBRIDGE DRIVE  
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:** DOUGLAS E WILSON

02/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |   |
|-----------------|---|
| Title           | PD  |
| Name            | INGLESE, CARL   |
| Address         | C/O ADVANCED MANAGEMENT OF<br>SW FL<br>899 WOODBRIDGE DRIVE |
| City-State-Zip: | VENICE FL 34293   |

|                 |   |
|-----------------|---|
| Title           | VPSD  |
| Name            | PARADY, MADGE   |
| Address         | C/O ADVANCED MANAGEMENT OF<br>SW FL<br>899 WOODBRIDGE DRIVE |
| City-State-Zip: | VENICE FL 34293   |

|                 |   |
|-----------------|---|
| Title           | D   |
| Name            | DEVINE, DON   |
| Address         | C/O ADVANCED MANAGEMENT OF<br>SW FL<br>899 WOODBRIDGE DRIVE |
| City-State-Zip: | VENICE FL 34293   |

|                 |   |
|-----------------|---|
| Title           | TD  |
| Name            | POWER, JACK   |
| Address         | C/O ADVANCED MANAGEMENT OF<br>SW FL<br>899 WOODBRIDGE DRIVE |
| City-State-Zip: | VENICE FL 34293   |

|                 |   |
|-----------------|---|
| Title           | D   |
| Name            | JOHNSON, EARL   |
| Address         | C/O ADVANCED MANAGEMENT OF<br>SW FL<br>899 WOODBRIDGE DRIVE |
| 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 POWER**TREASURER**

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date