

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001086

**Entity Name:** CONDOMINIUM ASSOCIATION OF TARPON COVE, INC.**Current Principal Place of Business:**C/O SW GATEWAY, INC  
1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983**Current Mailing Address:**PO BOX 495840  
PORT CHARLOTTE, FL 33949 US**FEI Number:** 65-1095149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SW GATEWAY, INC  
1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 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:** KRISTINE WISHARD

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	RODA, DAN
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	VP
Name	ARMSTRONG, BRUCE
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	SECRETARY
Name	SCHEPPERLY, CHRIS
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	TREASURER
Name	FREDERICK, MARYJO
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	MANAGER
Name	WISHARD, KRISTINE
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	DIRECTOR
Name	BARNHILL, EDWARD
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

*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:** KRISTINE WISHARD

MANAGER

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date