

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001086

Entity Name: CONDOMINIUM ASSOCIATION OF TARPON COVE, INC.**Current Principal Place of Business:**2600 WEST MARION AVE
PUNTA GORDA, FL 33950**Current Mailing Address:**P.O. BOX 380758
MURDOCK, FL 33938**FEI Number: 65-1095149****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE GATEWAY GROUP
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name CALDWELL, VIRGINIA
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title VP, DIRECTOR
Name CLARK, III, FRED
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title SECRETARY, DIRECTOR
Name SCHAPPERLY, CHRIS
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title TREASURER, DIRECTOR
Name GRASS, THOMAS
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR
Name RAFFA, PAUL
Address P.O. BOX 380758
City-State-Zip: MURDOCK FL 33938

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: VIRGINIA CALDWELL**PRESIDENT****03/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date