

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01849

Entity Name: ISLAND CLUB OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 07, 2016
Secretary of State
CC4463793567**Current Principal Place of Business:**5901 US HWY 19
SUITE 7
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5901 US HWY 19
SUITE 7
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-2376850****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. HIGHWAY 19, STE 7
NEW PORT RICHEY, FL 34652 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: MARY A WHITE****01/07/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	BRIGITHA, PAULA
Address	5901 US HWY 19 SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP, DIRECTOR
Name	JELINEK, LYNNE
Address	5901 US HWY 19 SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY, DIRECTOR
Name	NISSLEY, JIM
Address	5901 US HWY 19 SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER, DIRECTOR
Name	MITCHELL, WILLIAM
Address	5901 US HWY 19 SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	HARRISON, ROBERT
Address	5901 US HWY 19 SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

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: PAULA BRIGITHA**PRESIDENT****01/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date