# PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Entity Name:	: TARPON LANDING	S CONDOMINIUM ASS	OCIATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

# **Current Principal Place of Business:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104

DOCUMENT# N0300007768

## **Current Mailing Address:**

REPORT

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104 US

### FEI Number: 20-0228616

### Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104 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	ROBERT ROSENOW		07/03/2019	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	CAPACCIO, NICHOLAS	Name	DRAKE, STUART	
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215	
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104	
Title	DIRECTOR	Title	TREASURER	
Name	SERBER, LINDA	Name	GRIPPE, THOMAS	
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215	
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104	

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: NICHOLAS CAPACCIO

FILED Jul 03, 2019 Secretary of State 6239922194CC

Certificate of Status Desired: No

07/03/2019

Date