

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000500

**Entity Name:** TARPON KEY CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OSMS  
235 N HUNT CLUB BLVD. SUITE #101  
LONGWOOD, FL 32779

**Current Mailing Address:**

C/O OSMS  
PO BOX 915103  
LONGWOOD, FL 32791 US

**FEI Number:** 20-4486984

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ONE SOURCE MANAGEMENT SOLUTIONS, INC  
C/O OSMS  
PO BOX 915103  
LONGWOOD, FL 32791 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:** BRENDA ROZANC

03/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WARD, TIFFANY  
Address C/O OSMS  
PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title MANAGER  
Name ONE SOURCE MANAGEMENT  
SOLUTIONS, INC  
Address C/O OSMS  
PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR  
Name STOFFLET, MATTHEW  
Address C/O OSMS  
PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

*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:** TIFFANY WARD

PRESIDENT

03/06/2021

Electronic Signature of Signing Officer/Director Detail

Date