

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N08513

**Entity Name:** TARPON LANDINGS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 31, 2018**  
**Secretary of State**  
**CC8511094059**

**Current Principal Place of Business:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763

**Current Mailing Address:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US

**FEI Number: 59-2669060**

**Certificate of Status Desired: No**

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

LOVETERE, JULIE  
24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 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: JULIE LOVETERE**

**03/31/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FAY, GARY  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            VP, DIRECTOR  
Name            STYPUL, SHERYL  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            SECRETARY, TREASURER,  
                  DIRECTOR  
Name            BEYER, CINDY  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            DIRECTOR  
Name            GRENERT, JERRY  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            DIRECTOR  
Name            HANSEN, CLIFFORD  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*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: GARY FAY**

**PD**

**03/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date