SAINT AUGUS	TINE, FL 32080			
Current Mai	ling Address:			
5495 A1A SO SAINT AUG	OUTH USTINE, FL 32080 US			
FEI Number: 59-2973925			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agen	nt:		
A1A REALTY A 5495 A1A SOU SAINT AUGUS				
The above name	d entity submits this statement for the purpose of char	nging its registered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE: WILLARD DAY				
SIGNATURE	E: WILLARD DAY			04/04/2022
SIGNATURE	E: WILLARD DAY Electronic Signature of Registered Agent			04/04/2022 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			• • = • = =
	Electronic Signature of Registered Agent	Title	SECRETARY	• • = • = =
Officer/Dire	Electronic Signature of Registered Agent	Title Name	SECRETARY ZUMMO, DAVID	• • = • = =
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			• • = • = =
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MACFARLAND, PATTY 7145 A1A SOUTH #31	Name	ZUMMO, DAVID 7145 A1A SOUTH #45	• • = • = =
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MACFARLAND, PATTY 7145 A1A SOUTH #31	Name Address	ZUMMO, DAVID 7145 A1A SOUTH #45	• • = • = =
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MACFARLAND, PATTY 7145 A1A SOUTH #31 SAINT AUGUSTINE FL 32080	Name Address City-State-Zip:	ZUMMO, DAVID 7145 A1A SOUTH #45 ST. AUGUSTINE FL 32080	• • = • = =
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT MACFARLAND, PATTY 7145 A1A SOUTH #31 SAINT AUGUSTINE FL 32080 TREASURER	Name Address City-State-Zip: Title	ZUMMO, DAVID 7145 A1A SOUTH #45 ST. AUGUSTINE FL 32080 VP	04/04/2022 Date

DOCUMENT# N09967

Entity Name: TARPON RUN CONDOMINIUM ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

7145 A1A SOUTH

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: PATTY MACFARLAND

PRESIDENT

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04/04/2022
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Electronic Signature of Signing Officer/Director Detail

Date