

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004319

Entity Name: TARPON PASS II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983**Current Mailing Address:**PO BOX 380758
MURDOCK, FL 33938**FEI Number:** 59-3294471**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983 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:** KRISTINE WISHARD

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BILLIE, CLARK
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title VP, DIRECTOR
Name GILLEN, PETER
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title SECRETARY, DIRECTOR
Name SHELLY, WAYNE
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title TREASURER, DIRECTOR
Name SHARP, WILLIAM
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR
Name DRAGOJEVIC, MILAN
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title MANAGER
Name WISHARD, KRISTINE
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

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: KRISTINE WISHARD

MANAGER

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date