

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

DOCUMENT# N97000000329

**FILED**  
**Feb 19, 2018**  
**Secretary of State**  
**CC5516652931**

**Entity Name:** TARPON GLEN MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

823 MALLARD LANE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

823 MALLARD LANE  
TARPON SPRINGS, FL 34689 US

**FEI Number: 59-2660058**

**Certificate of Status Desired: No**

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

HALLIGAN, RONALD  
823 MALLARD LANE  
TARPON SPRINGS, FL 34689 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STALLINGS, TOM  
Address        1110 SPARROW LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            VP  
Name            RAUB, DONNA  
Address        1053 SPARROW LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            TREASURER  
Name            HALLIGAN, RONALD  
Address        823 MALLARD LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            DIRECTOR  
Name            CALVERT, ALICE  
Address        1085 SPARROW LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            SECRETARY  
Name            MOORE, MARK  
Address        1136 CRANE LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            DIRECTOR  
Name            STERLING, CLIFFORD  
Address        1174 SPARROW LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            DIRECTOR  
Name            SNYDER, DARL  
Address        1144 CRANE LANE  
City-State-Zip: TARPON SPRINGS FL 34689

*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: RONALD HALLIGAN**

**TREASURER**

**02/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date