

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90009 041 ***150.00

DOCUMENT # 501337

1. Entity Name
TARPON BAY MARINA, INC.



Principal Place of Business
9579 GLADIOLUS BLOSSOM CT
FORT MYERS, FL 33908

Mailing Address
17711 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

4006100



2. Principal Place of Business

3. Mailing Address

9579 Gladiolus Blossom Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State

City & State
Fort Myers, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country
33908 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMBY, ELEANOR C.
17711 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	CLEMENTS, NICK	
STREET ADDRESS	6335 HOFSTRA CT.	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RALSTON, ELEANOR C	
STREET ADDRESS	9579 GLADIOLAS BLOSSOM CT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLEMENTS, REBECCA	
STREET ADDRESS	6335 HOFSTRA CT.	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor C. Hamby Ralston*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-26-06

Date

239-433-3740

Daytime Phone #