


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 716578</b> 1. Entity Name TARPOON CENTER VILLAS, INC.	
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Principal Place of Business 900 GIBBS RD VENICE, FL 34285 US	Mailing Address C/O ANTARES GROUP INC PO BOX 8065 NORTH PORT, FL 34287 US
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1325385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANTARES GROUP INC  
12497 S TAMiami TR SUITE 2  
NORTH PORT, FL 34287

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, LILLIAN 905 GIBBS RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGREGOR, LARRY 903A GIBBS RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONTAINE, MARY 907A GIBBS ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENS, RUE 905 GIBBS ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JOHN 911 A GIBBS RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000218911  
02/08/05-80006-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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** *Lawrence McGregora* **941-422-8624**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02.01.04 Daytime Phone #