2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2006 8:00 am **Secretary of State DOCUMENT # 716578** 1. Entity Name 02-21-2006 90030 012 ****61.25 TARPON CENTER VILLAS, INC. Principal Place of Business Mailing Address C/O ANTARES GROUP INC 900 GIBBS RD VENICE FL 34285 PO BOX 8065 NORTH PORT FL 34287 2. Principal Place of Business Mailing Address *ANTARES* SOUP Suite, Apt. #, etc. CR2E037 (10/05) ENMANY. 1st MOORE City & State 4. FEI Number Applied For 59-1325385 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pme 23 AA JaH SRWP ANTARES GROUP INC RECEIVED JAN 2 8 2006 12497 S TAMIAMI TR SUITE 2 NORTH PORT FL 34287 Exce 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 OTE: Registered Agent signature required when reinstating) Signature, typing or printed many of registered agent and title if applicable FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNIGHT, LILLIAND MAME NAME 905 GIBBS RD STREET ADORESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MCGREGOR, LARRY NAME NAME 903A GIBBS RD CONTROL STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-S1-7/P nne ☐ Delete ☐ Change Addition TITLE NAME FONTAINE, MARY NAME STREET ADDRESS 907A GIBBS ROAD STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE DICKENS, RUE NAME NAME STREET ADDRESS 905 GIBBS ROAD STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition PIERCE, JOHN NAME NAME 911 A GIBBS RD STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-7IP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 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.

STREET ADDRESS

STREET ADDRESS

SIGNATURE