## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#716578** 

Entity Name: TARPON CENTER VILLAS, INC.

FILED Feb 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

900 GIBBS RD 900 GIBBS RD

VENICE, FL 34285 VENICE, FL 34285 US US

**Current Mailing Address: New Mailing Address:** 

C/O ANTARES GROUP INC C/O ANTARES GROUP, INC 4195 S. TAMIAMI TR. PMB #173 4195 S. TAMIAMI TR., PMB #173 VENICE, FL 34293 VENICE, FL 34293

FEI Number: 59-1325385 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANTARES GROUP INC ANTARES GROUP, INC 4195 S. TAMIAMI TR., PMB #173 4195 S. TAMIAMI TR., PMB #173 VENICE, FL 34293 VENICE, FL 34293

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: CYNTHIA A. KRUMENAKER 02/10/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition KNIGHT, LILLIAN KNIGHT, LILLIAN Name: Name: 905 GIBBS RD Address: 4195 S. TAMIAMI TR., PMB #173 Address:

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34293

Title: PD () Delete Title: (X) Change ( ) Addition MCGREGOR, LARRY Name: MCGREGOR, LARRY Name:

Address: 903A GIBBS RD Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34293

Title: VD () Delete Title: VD (X) Change ( ) Addition FONTAINE, MARY FONTAINE, MARY Name: Name:

907A GIBBS ROAD 4195 S. TAMIAMI TR., PMB #173 Address: Address:

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: TD (X) Change ( ) Addition Name: DICKENS, RUE Name: DICKENS, RUE

905 GIBBS ROAD Address: Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: (X) Change ( ) Addition

PIERCE, JOHN PIERCE, JOHN Name: Name:

911 A GIBBS RD 4195 S. TAMIAMI TR., PMB #173 Address: Address:

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA A. KRUMENAKER MGR 02/10/2009

Electronic Signature of Signing Officer or Director

Date