2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2012
Secretary of State

DOCUMENT# 716578

Entity Name: TARPON CENTER VILLAS, INC.

Current Principal Place of Business:

900 GIBBS RD.
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: KNIGHT, LILLIAN
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: PD
Name: MCGREGOR, LARRY
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: VD
Name: FONTAINE, MARY
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: TD
Name: DICKENS, RUE
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: SD
Name: PIERCE, JOHN
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

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: ON FILE PRES 01/29/2012

Electronic Signature of Signing Officer or Director Date