

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

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90015 034 ****61.25

DOCUMENT # 734279

1. Entity Name

TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767
US

Mailing Address

251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1716033

Applied For

Not Applicable

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

JIM NOBLES MANAGEMENT INC.
251 WINDWARD PASSAGE STE F
CLEARWATER FL 33767

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 \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BATES, THOMAS
STREET ADDRESS 1510 PALMER COURT
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE DVP ☐ Delete
NAME YOUNG, KEN
STREET ADDRESS 1340 PALMER LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE S ☐ Delete
NAME MESSÉBERG, EVE
STREET ADDRESS 2040 PALMER WAY
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE TD ☐ Delete
NAME PASSER, MELVIN
STREET ADDRESS 2020 PALMER WAY
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DP
STREET ADDRESS ROSEMARIE CHLEBUS
CITY-ST-ZIP 1840 PALMER CT.
PALM HARBOR, FL. 34685

TITLE ☐ Change ☐ 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 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.

SIGNATURE: *Melvin Passer, Treas.*

03/12/06