


FILED
Jan 22, 2007 8:00 am
Secretary of State

4000400-

DOCUMENT # 743386

1. Entity Name
TARPON LAKE VILLAGES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
800 TARPON WOODS BLVD
PALM HARBOR, FL 34685 US

Mailing Address
800 TARPON WOODS BLVD
PALM HARBOR, FL 34685 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

01062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1887132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHN A DOUGHERTY
DOUGHERTY AND ASSOCIATES, L.L.C.
800 TARPON WOODS BLVD
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

CityFL 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KRALOWETZ, ROBERT
4435 SAWGRASS DR
PALM HARBOR, FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
DENNISON, TERRANCE
3523 FAIRWAY FOREST DRIVE
PALM HARBOR, FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MATLOCK, JON!
3574 GOLFSIDE DRIVE
PALM HARBOR, FL 34685

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
FRISSELL, GERALD
3334 KILL DEER PL
PALM HARBOR, FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
PELCHAT, LIONEL
3540 INDIGO POND DR
PALM HARBOR, FL 34685

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROSE, THOMAS
3367 CRYSTAL CT E. # H
PALM HARBOR, FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STEPHEN KING
3543 SYLVAN EDGE DR.
PALM HARBOR, FL 34685

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FRANK STAGLIANO
3623 DORAL ST.
PALM HARBOR, FL 34685

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DON WORTCHOW
3609 INDIGO POND DR
PALM HARBOR, FL 34685

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

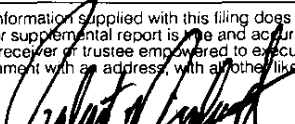
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #