FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 10 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748361 (3)

1. Corporation Name

TARPON BAY VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ADVANTAGE PROPERTY MANAGEMENT, INC. BOX 65 JENSEN BEACH FL 34958	% ADVANTAGE PROPERTY MANAGEMENT, INC. BOX 65 JENSEN BEACH FL 34958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1979
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1963131 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUNGEY, RICHARD J
900 3. PRIMA VISTA BLVD.
STE. 400
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	P - D	☒ Change ☐ Addition
NAME	MCCOMB, BETTIE	1.2 NAME	THOMPSON, ALICE	
STREET ADDRESS	1100 MITCHELL AVE. 702	1.3 STREET ADDRESS	1100 MITCHELL AVE 503	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952	
TITLE	P	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	KIENKE, HARRY	2.2 NAME	KIENKE, HARRY	
STREET ADDRESS	1100 MITCHELL AVE. 204	2.3 STREET ADDRESS	1100 MITCHELL AVE, 204	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	GENCO, LOUISE	3.2 NAME		
STREET ADDRESS	1100 MITCHELL AVE. 404	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	V.P. - D	☒ Change ☐ Addition
NAME	FESSEL, ED	4.2 NAME	MALOY, IRENE	
STREET ADDRESS	1100 MITCHELL AVENUE	4.3 STREET ADDRESS	1100 MITCHELL AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	Pt St Lucie, FL	
TITLE	S	5.1 TITLE	S - D	☒ Change ☐ Addition
NAME	MCCOMB, BETTIE	5.2 NAME	FEEZOR, PARKMAN	
STREET ADDRESS	1100 MITCHELL AVENUE	5.3 STREET ADDRESS	1100 MITCHELL AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	Pt. St. Lucie, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	A DEPOSITED BY BANK	

4/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice J. Thompson President 2/20/95
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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