

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **08/02/1979** 3a. Date of Last Report **04/10/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ALICE	1.2 NAME	
STREET ADDRESS	1100 MITCHELL AVE. 503	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KIENKE, HARRY	2.2 NAME	
STREET ADDRESS	1100 MITCHELL AVE. 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	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	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MALLOY, IRENE	4.2 NAME	
STREET ADDRESS	1100 MITCHELL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	4.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	5.1 TITLE	☒ Change ☒ Addition
NAME	FEEZOR, PARKMAN	5.2 NAME	SD
STREET ADDRESS	1100 MITCHELL AVE	5.3 STREET ADDRESS	MAXWELL GLASSBURN
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	5.4 CITY-ST-ZIP	1100 MITCHELL AVE.
TITLE	☐ DELETE	6.1 TITLE	PORT ST. LUCIE, FL 34952
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

X Alice S Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (407) 334-8900
Date Daytime Phone #

CR2E037 (12/95)