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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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	% ADVANTAGE PROPERTY MANAGEMENT. INC. BOX 65 JENSEN BEACH FL 34958-0065

3. Date Incorporated or Qualified: 08/02/1979
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21 Sound Management Services
Suite, Apt. #, etc.
22 Po Box 2188
City & State
23 Stuart FL
Zip: 24 34995 Country: 25 Martin

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 Country: 30

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

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 _____ DATE
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, ALICE 1100 MITCHELL AVE. 503 PORT ST. LUCIE FL 34952	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD TED MacLeskey 1100 Mitchell Ave Pt St. Lucie FL 34952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLASSBURN, MAXWELL 1100 MITCHELL AVE PORT ST LUCIE FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD Mary Dodge 1100 Mitchell Ave Pt St. Lucie FL 34952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GENCO, LOUISE 1100 MITCHELL AVE. 404 PORT ST. LUCIE FL 34952	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Irene Maloy 1100 Mitchell Ave Pt St. Lucie FL 34952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MALOY, IRENE 1100 MITCHELL AVE PORT ST. LUCIE FL 34952	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Parkman Feezor 1100 Mitchell Ave. #202 Pt. St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Harry Kienke 1100 Mitchell Ave. #204 Port St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Eleanor Krause 1100 Mitchell Ave. #502 Pt. St. Lucie, FL 34952	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Irene V. Maloy Irene V Maloy 2/24/97 335-8576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071267