

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748361

FILED
Jan 12, 2005
Secretary of State

Entity Name: TARPON BAY VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1100 SE MITCHELL #404
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

1100 SE MITCHELL #204
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

1100 S.E. MITCHELL AVENUE #404
PORT ST. LUCIE, FL 34952

New Mailing Address:

1100 S.E. MITCHELL AVENUE #204
PORT ST. LUCIE, FL 34952

FEI Number: 59-1963131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERVICES PROPERTY MANAGEMENT, INC
SOUND MANAGEMENT SERVICES
2910 SE CATES CIRCLE
STUART, FL 34994 US

Name and Address of New Registered Agent:

JANE CORNETT
401 SE OSCEOLA STREET
STUART, FL 34994 US

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.

SIGNATURE: JANE CORNETT

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SMITH, MATT
Address: 1100 MITCHELL AVE #804
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: S () Delete
Name: RAYMOND, DAVID
Address: 1100 SE MITCHELL AVE. #301
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: HENRY, JOHN
Address: 1100 MITCHELL AVE STE 904
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P () Delete
Name: KIENKE, HARRY
Address: 1100 MITCHELL AVE. #204
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP () Delete
Name: ROBBINS, GERALD
Address: #303-1100 MITCHELL AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, MATT
Address: 1100 MITCHELL AVE #804
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HENRY, JOHN
Address: 1100 MITCHELL AVE STE 904
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WINSTON, MARTIN
Address: #203-1100 MITCHELL AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY KIENKE

P

01/12/2005

Electronic Signature of Signing Officer or Director

Date