2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748361

FILED Jan 13, 2006 Secretary of State

Entity Name: TARPON BAY VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1100 SE MITCHELL #204 1100 SE MITCHELL #501

PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952 US

Current Mailing Address: New Mailing Address:

1100 S.E. MITCHELL AVENUE #204 2910 SE CATES CIRCLE PORT ST. LUCIE, FL 34952 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 TREA
 (X) Change () Addition

 Name:
 SMITH, MATT
 Name:
 SMITH, MATT

 Address:
 1100 MITCHELL AVE #804
 Address:
 1100 MITCHELL AVE #804

 City-St-Zip:
 PT. ST. LUCIE, FL 34952
 City-St-Zip:
 PT. ST. LUCIE, FL 34952

TH. DDF0 00 01 01 01

Title: S () Delete Title: PRES (X) Change () Addition Name: RAYMOND, DAVID Name: RAYMOND, DAVID

Address: 1100 SE MITCHELL AVE. #301 Address: 1100 SE MITCHELL AVE. #301 City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34952

 $\label{eq:title:title:vp} \textit{Title:} \qquad \textit{VP} \qquad \textit{() Delete} \qquad \qquad \textit{Title:} \qquad \textit{VP} \qquad \textit{(X) Change () Addition}$

Name: HENRY, JOHN Name: JACK, DODGE

 Address:
 1100 MITCHELL AVE STE 904
 Address:
 1100 MITCHELL AVE STE 501

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:
 PORT SAINT LUCIE, FL 34952

Title: P (X) Delete Title: () Change () Addition

 Name:
 KIENKE, HARRY
 Name:

 Address:
 1100 MITCHELL AVE. #204
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:

Name: WINSTON, MARTIN Name: MARJORIE, BRIL

Address: #203-1100 MITCHELL AVE Address: 1100 SE MITCHELL AVE, 801
City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Delete Title: DIRE () Change (X) Addition

Name: Name: WILMA, LEARY

 Address:
 Address:
 1100 SE MITCHELL, 202

 City-St-Zip:
 City-St-Zip:
 PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVE RAYMOND PRES 01/13/2006