

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748361

FILED
Jan 15, 2007
Secretary of State

Entity Name: TARPON BAY VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1100 SE MITCHELL AVENUE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1100 SE MITCHELL AVENUE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 59-1963131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANE CORNETT
401 SE OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

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

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

Title: VP () Delete
Name: JACK, DODGE
Address: 1100 MITCHELL AVE STE 501
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SEC () Delete
Name: MARJORIE, BRIL
Address: 1100 SE MITCHELL AVE, 801
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DIRE () Delete
Name: WILMA, LEARY
Address: 1100 SE MITCHELL, 202
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: MATHER, LOWELL
Address: 1100 MITCHELL AVE #401
City-St-Zip: PT. ST. LUCIE, FL 34952

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

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

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Name:
Address:
City-St-Zip:

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

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: DIANE A. ELGRIM

MNGR

01/15/2007

Electronic Signature of Signing Officer or Director

Date