


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750580**  
 1. Corporation Name  
**THE PONDS OF TARPON WOODS, INC.**

Principal Place of Business <b>4800 Mile Stretch Rd.          P.O. Box 3370 NA          Holiday FL 34690</b>	Mailing Address <b>4800 Mile Stretch Rd.          P.O. Box 3370 NA          Holiday FL 34690</b>
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2. Principal Place of Business <b>21 800 Tarpon Woods Blvd.</b> Suite, Apt. #, etc. <b>22 Suite F-1</b> City & State <b>23 Palm Harbor FL 34685</b> Zip <b>24 34685</b>	2a. Mailing Address <b>26 800 Tarpon Woods Blvd.</b> Suite, Apt. #, etc. <b>27 Suite F-1</b> City & State <b>28 Palm Harbor FL 34685</b> Zip <b>29 34685</b>	3. Date Incorporated or Qualified <b>01/11/1980</b>	3a. Date of Last Report <b>04/20/95</b>
		4. FEI Number <b>59-1962396</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Reimer, Frederick          4800 Mile Stretch Rd.          Holiday FL 34690</b>	10. Name and Address of New Registered Agent <b>81 Name          JIM NOBLES MANAGEMENT, INC.          82 Street Address (P.O. Box Number is Not Acceptable)          800 Tarpon Woods Blvd.          83 Suite F-1          84 City          Palm Harbor          FL 85 Zip Code          34685</b>
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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 617.0903, Florida Statutes.

SIGNATURE **JIM NOBLES MANAGEMENT, INC.** *James M. Nobles President* **July 8, 1996**  
 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 NAME STREET ADDRESS CITY - ST - ZIP	S/D Chase, Mel 3781 Old Creek Troy, MI <input type="checkbox"/> DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	S/D Chase, Melda 20 Camelia Court Oldsmar FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Czajka, John 5673 Cliff Ct. Willoughby OH <input type="checkbox"/> DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P Witsken, Eugene 6644 Van Gordon Rd. Hamilton OH <input type="checkbox"/> DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Trometer, Kenneth J. 8267 Vernon Circle Williamsville NY <input type="checkbox"/> DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	V/P Segrue, Keith 1400 Tarpon Woods Blvd. B-2 Palm Harbor FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<b>900001906428</b> <b>-07/29/96--01006-08726</b> <b>***61.25</b>

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: *Keith J Segrue* **KEITH J SEGRUE** **7/15/96** **413-789-3506**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRRE037 (3/96)