

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90048 030 ****61.25

DOCUMENT # 750580

1. Entity Name

THE PONDS OF TARPON WOODS, INC.

Principal Place of Business

Mailing Address

800 TARPON WOODS BLVD.
 STE. F-1
 PALM HARBOR FL 34685
 US

800 TARPON WOODS BLVD.
 STE. F-1
 PALM HARBOR FL 34685-2000
 US

2. Principal Place of Business

3. Mailing Address

251 WINDWARD PASSAGE
 Suite, Apt. #, etc.
 Suite F

251 WINDWARD PASSAGE
 Suite, Apt. #, etc.
 Suite F



DO NOT WRITE IN THIS SPACE

City & State
 CLEARWATER, FL

City & State
 CLEARWATER, FL

4. FEI Number

59-1962396

Applied For

Not Applicable

Zip
 33767

Country
 USA

Zip
 33767

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIM NOBLES MANAGEMENT, INC.
 800 TARPON WOODS BLVD.
 STE. F-1
 PALM HARBOR FL 34685

Name
 JIM NOBLES MANAGEMENT, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 251 WINDWARD PASSAGE
 Suite F
 City
 CLEARWATER FL Zip Code
 33767

8. 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: *Sharon C. Gibbs, Pres.* DATE: 3-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CZAJKA, JOHN 5673 CLIFF CT WILLOUGHBY OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WITSKEN, EUGENE 6644 VAN GORDON RD HAMILTON OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROMETER, KENNETH J 8267 VERNON CIRCLE WILLIAMSVILLE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGRUE, KEITH 1400 TARPON WOODS BLVD. B-2 PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD MUCCIOLLO 2148 MARY LANE PALM HARBOR, FL. 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Mucciolo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-7-02
 DAYTIME PHONE #

CR2E037 (9/99)