

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State



DOCUMENT # 750580 1. Entity Name THE PONDS OF TARPON WOODS, INC.	
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Principal Place of Business 251 WIND WARD PASSAGE SUITE F CLEARWATER FL 33767 US	Mailing Address 251 WIND WARD PASSAGE SUITE F CLEARWATER FL 33767 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 59-1962396	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JIM NOBLES MANAGEMENT, INC. 251 WIND WARD PASSAGE SUITE F CLEARWATER FL 33767	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	TD MUCCILO, RICHARD	<input type="checkbox"/>
NAME	2148 MARY LANE	
STREET ADDRESS	PALM HARBOR FL 34685	
CITY-STATE-ZIP		
TITLE	DVP	<input type="checkbox"/>
NAME	HICE, JERRY	
STREET ADDRESS	1400 TARPON WOODS BLVD., F-4	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE	DP	<input type="checkbox"/>
NAME	BOONE, BARBARA	
STREET ADDRESS	1400 TARPON WOODS BLVD., B-3	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE	DS	<input type="checkbox"/>
NAME	CHASE, MEL	
STREET ADDRESS	1400 TARPON WOODS BLVD., D-2	
CITY-STATE-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000656393		
NAME	03/14/07-80023-019 61.25		
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR