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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750759** **(3)**

1. Corporation Name

TARPON BAY YACHT CLUB CONDOMINIUM H ASSOCIATION , INC.

Principal Place of Business	Mailing Address
3100 PRUITT ROAD, OFFICE PORT ST. LUCIE FL 34952	3100 PRUITT ROAD, OFFICE PORT ST. LUCIE FL 34952-5942

3. Date Incorporated or Qualified: 01/24/1980
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1980275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MANAGEMENT INC
3125 SW MAPP RD
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: JOHN BURKE
82 Street Address (P.O. Box Number is Not Acceptable): 3100 PRUITT RD H-103
83
84 City: PT ST LUCIE, FL 85 Zip Code: 34952

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 617.0503, Florida Statutes.

SIGNATURE: John T. Burke JOHN BURKE PRESIDENT 4/21/97
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	PTD	☒ DELETE	1.1 TITLE	PTD	☐ Change ☐ Addition
NAME	MURPHY, JOSEPH		1.2 NAME	BURKE JOHN	
STREET ADDRESS	3100 PRUITT RD, H-106		1.3 STREET ADDRESS	3100 PRUITT RD H-103	
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	WELLA, NORMAN		2.2 NAME	DENARDO, MORRIS J.	
STREET ADDRESS	3100 PRUITT RD H-101		2.3 STREET ADDRESS	3100 PRUITT RD H-206	
CITY-ST-ZIP	PT ST LUCIE FL		2.4 CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	SD	☐ DELETE	3.1 TITLE	STD	☐ Change ☐ Addition
NAME	WURFEL, LESTER		3.2 NAME	WURFEL, LESTER	
STREET ADDRESS	3100 PRUITT RD., H-301		3.3 STREET ADDRESS	3100 PRUITT RD., H_301	
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STUART, ROBERT		4.2 NAME		
STREET ADDRESS	3100 PRUITT RD H-205		4.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: SIGNATURE REQUIRED John Burke President 4/21/97 335-8600
NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR