

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90067 031 \*\*\*\*61.25

**DOCUMENT # 750759**

1. Entity Name

**TARPON BAY YACHT CLUB CONDOMINIUM H  
ASSOCIATION, INC.**



Principal Place of Business

**3100 PRUITT ROAD, OFFICE  
PORT SAINT LUCIE FL 34952**

Mailing Address

**3100 PRUITT ROAD, OFFICE  
PORT SAINT LUCIE FL 34952**

**54029870**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1980275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HELSEL, RAYMOND  
3100 PRUITT ROAD  
H-106  
PORT SAINT LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

**DETERMAN JACK D.**

Street Address (P.O. Box Number is Not Acceptable)

**3100 PRUITT RD H-103**

City

**PORT SAINT LUCIE**

FL

Zip Code

**34952**

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

*[Signature]*

**PROSIDENT  
JACK D. DETERMAN**

**2-2-04 772-335-8600**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **DETERMAN, JACK**  
STREET ADDRESS **3100 PRUITT ROAD H-103**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **VPD** ☒ Delete  
NAME **WELCH, MARTIN**  
STREET ADDRESS **3100 PRUITT ROAD H-104**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **STD** ☐ Delete  
NAME **WURFEL, LESTER**  
STREET ADDRESS **3100 PRUITT RD., H-301**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **SAME**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **VANDERBERRY EDWARD L.**  
STREET ADDRESS **3100 PRUITT RD H-204**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **SAME**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **NEEL, ED**  
STREET ADDRESS **3100 PRUITT RD H-106**  
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* **PROSIDENT**

**2-20-04**  
Date

**772-335-8600**  
Daytime Phone #