

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90007 003 \*\*\*\*61.25

**DOCUMENT # 750759**  
 1. Entity Name  
**TARPON BAY YACHT CLUB CONDOMINIUM H ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3100 PRUITT ROAD, OFFICE**      **3100 PRUITT ROAD, OFFICE**  
**PORT SAINT LUCIE FL 34952**      **PORT SAINT LUCIE FL 34952**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**59-1980275**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**DETERMAN, JACK D**  
**3100 PRUITT ROAD**  
**H-103**  
**PORT SAINT LUCIE FL 34952**

7. Name and Address of New Registered Agent  
 Name **EDWARD NEEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3100 SE PRUITT RD**  
 City **PT ST 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 *Edward Neel*      **EDWARD NEEL President**      **2-28-06**  
Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	<input checked="" type="checkbox"/> Delete
NAME	DETERMAN, JACK	
STREET ADDRESS	3100 PRUITT ROAD H-103	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WURFEL, LESTER	
STREET ADDRESS	3100 PRUITT RD., H-301	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEEL, ED	
STREET ADDRESS	3100 PRUITT RD. H-106	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEL, EDWARD	
STREET ADDRESS	3100 SE PRUITT RD H-106	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APLEGATE DAVID	
STREET ADDRESS	3100 SE PRUITT RD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAVIS PEGGY	
STREET ADDRESS	3100 SE PRUITT RD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: *Edward Neel*      **EDWARD NEEL**      **3-9-06**      **772-335-8600**