

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

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90029 021 \*\*\*\*61.25

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 750759</b>                              |  |
| 1. Entity Name                                        |                                                                                   |
| TARPON BAY YACHT CLUB CONDOMINIUM H ASSOCIATION, INC. |                                                                                   |

|                                                       |                                                       |
|-------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business                           | Mailing Address                                       |
| 3100 PRUITT ROAD, OFFICE<br>PORT SAINT LUCIE FL 34952 | 3100 PRUITT ROAD, OFFICE<br>PORT SAINT LUCIE FL 34952 |



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/06)

|                                                                  |  |
|------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                  |  |
| NEEL, EDWARD<br>3100 SE PRUITT ROAD<br>PORT SAINT LUCIE FL 34952 |  |

|                                                    |                           |
|----------------------------------------------------|---------------------------|
| 7. Name and Address of New Registered Agent        |                           |
| Name                                               | PEGGY DRAVIS              |
| Street Address (P.O. Box Number is Not Acceptable) | 3100 SE PRUITT ROAD H-202 |
| City                                               | Port 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: <i>Peggy Dravis</i>                                                                                                                                                                                                | DATE: 2-21-07 |

|                                                |                                                                                     |                                |                                                      |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Florida Department of State |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                         |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------|
| TITLE                      | PD                        | TITLE                                                 | PD                      |
| NAME                       | NEEL, EDWARD              | NAME                                                  | ELIZABETH UNDERBERRY    |
| STREET ADDRESS             | 3100 SE PRUITT RD., H-106 | STREET ADDRESS                                        | 3100 SE PRUITT RD H-204 |
| CITY-ST-ZIP                | PORT SAINT LUCIE FL 34952 | CITY-ST-ZIP                                           | PORT ST LUCIE FL 34952  |
| TITLE                      | VPD                       | TITLE                                                 |                         |
| NAME                       | APPEGATE, DAVID           | NAME                                                  | Same                    |
| STREET ADDRESS             | 3100 SE PRUITT ROAD       | STREET ADDRESS                                        |                         |
| CITY-ST-ZIP                | PORT SAINT LUCIE FL 34952 | CITY-ST-ZIP                                           |                         |
| TITLE                      | VPD                       | TITLE                                                 |                         |
| NAME                       | DRAVIS, PEGGY             | NAME                                                  | Same                    |
| STREET ADDRESS             | 3100 SE PRUITT ROAD       | STREET ADDRESS                                        |                         |
| CITY-ST-ZIP                | PORT SAINT LUCIE FL 34952 | CITY-ST-ZIP                                           |                         |
| TITLE                      |                           | TITLE                                                 |                         |
| NAME                       |                           | NAME                                                  |                         |
| STREET ADDRESS             |                           | STREET ADDRESS                                        |                         |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP                                           |                         |
| TITLE                      |                           | TITLE                                                 |                         |
| NAME                       |                           | NAME                                                  |                         |
| STREET ADDRESS             |                           | STREET ADDRESS                                        |                         |
| CITY-ST-ZIP                |                           | 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: <i>Peggy Dravis</i>                                     | DATE: 2-21-07 | PHONE: 335-8600 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |               |                 |