

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 037 ****61.25

DOCUMENT # 751526

1. Entity Name
TARPON COVE CONDOMINIUM ASSOCIATION, INC.



40044543



01072008 Chg-NP CR2E037 (12/06)

Principal Place of Business
1531 W. KLOSTERMAN RD.
TARPON SPRINGS, FL 34689 US

Mailing Address
4131 GUNN HWY.
TAMPA, FL 33618 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2147971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
2401 WEST BAY DRIVE, SUITE 414
LARGO, FL 33770

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	MCINTOSH, ROGER	<input type="checkbox"/> Delete	D	ROSE MARIE AMBROSE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1815 MARINER DR 169		STREET ADDRESS	1810 MARINER DR. #405	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
S	DARRAUGH, MARGERET	<input checked="" type="checkbox"/> Delete	S	LOUIS LAMB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1812 MARINER DR #130		STREET ADDRESS	1810 MARINER DR. #401	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
P	BLYTH, KEN	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 MARINER DR #20		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
V	GOLIA, MICHAEL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1800 MARINER DR #12		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
D	CARTER, RONALD	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1802 MARINE DR #24		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
D	HOWELL, VICKI	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1802 MARINER DR #31		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS, FL 34689		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Date: 2/21/08 722-937-9513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR