

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:08

DOCUMENT # 754961 (1)
1. Corporation Name
TARPON BAY YACHT CLUB CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business Mailing Address
3100 PRUITT RD 3100 PRUITT RD
V V
PT ST LUCIE FL 34952 PT ST LUCIE FL 34952

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 11/03/1980 3a. Date of Last Report 04/15/1994
4. FEI Number 59-2043527 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KAUFFMAN, HASKELL
3100 PRUITT RD.
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent
81 Name **PAUL TEDESCHI**
82 Street Address (P.O. Box Number is Not Acceptable) **3100 PRUITT ROAD B-207**
83 City **PORT ST LUCIE FL** 85 Zip Code **34952**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE **PAUL TEDESCHI** *Paul Tedeschi* DATE **4/5/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, HASKELL	12 NAME	PD
STREET ADDRESS	3100 PRUITT RD, #B-205	13 STREET ADDRESS	TEDESCHI, PAUL
CITY - ST - ZIP	PORT ST. LUCIE FL	14 CITY - ST - ZIP	3100 PRUITT ROAD B-207 PORT ST LUCIE FL 34952
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMERT, MRS FRANCES -	22 NAME	VPD
STREET ADDRESS	3100 PRUITT RD, #B-308	23 STREET ADDRESS	VOLKOMMER JEAN
CITY - ST - ZIP	PORT ST. LUCIE FL	24 CITY - ST - ZIP	3100 PRUITT ROAD B-104 PT ST LUCIE FL 34952
TITLE	WB	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, MARY	32 NAME	ST
STREET ADDRESS	3100 PRUITT RD #B-208	33 STREET ADDRESS	WISEMAN MARY
CITY - ST - ZIP	PORT ST. LUCIE FL	34 CITY - ST - ZIP	3100 PRUITT RD B-208 PT ST LUCIE FL 34952
TITLE	JD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELLA, AURORA -	42 NAME	
STREET ADDRESS	3100 PRUITT ROAD - B-203	43 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **PAUL TEDESCHI** *Paul Tedeschi* DATE **4/5/95** 335-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (With) (Type in Block 8)