

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754961 (1)

1. Corporation Name

TARPON BAY YACHT CLUB CONDOMINIUM B ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3100 PRUITT RD
V
PT ST LUCIE FL 34952

3100 PRUITT RD
V
PT ST LUCIE FL 34952

3. Date Incorporated or Qualified 11/03/1980
3a. Date of Last Report 04/13/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2043527	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Not Applicable
22	22	27	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	City & State		28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23	28	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
24	24	29	29			
	Zip	Country				
	25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL TEDESCHI
3100 PRUITT ROAD B-207
PORT ST LUCIE FL 34952

81	Name	SAME
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Paul Tedeschi*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDESCHI, PAUL	1.2 NAME	SAME
STREET ADDRESS	3100 PRUITT ROAD B-207	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLKOMMER, JEAN	2.2 NAME	ALMERT, FRANCES
STREET ADDRESS	3100 PRUITT ROAD B-104	2.3 STREET ADDRESS	3100 PRUITT RD B-308
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, MARY	3.2 NAME	SAME
STREET ADDRESS	3100 PRUITT ROAD B-208	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELLA, AURORA	4.2 NAME	DELETE
STREET ADDRESS	3100 PRUITT ROAD - B-203	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary F. Wiseman

2/27/96

DATE

335-0847

DAYTIME PHONE #

CR2E037 (12/95)