

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 3100 PRUITT RD V PT ST LUCIE FL 34952	Mailing Address 3100 PRUITT RD V PT ST LUCIE FL 34952-5901
---	--

3. Date Incorporated or Qualified 11/03/1980	3a. Date of Last Report 04/15/1996
--	--

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

4. FEI Number 59-2043527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name ALEXANDER ALLAN
82. Street Address (P.O. Box Number is Not Acceptable) 3100 PRUITT RD B-307 PT ST LUCIE FL 34952
83. City PT ST LUCIE FL 34952
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 617.03, Florida Statutes.

SIGNATURE *Alexander Allan* **ALEXANDER ALLAN-PRES.** DATE **4/1/97**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TEDESCHI, PAUL	
STREET ADDRESS	3100 PRUITT ROAD B-207	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VOLKOMMER, JEAN	
STREET ADDRESS	3100 PRUITT ROAD B-104	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WISEMAN, MARY	
STREET ADDRESS	3100 PRUITT ROAD B-208	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALMERT, FRANCES	
STREET ADDRESS	3100 PRUITT RD B-308	
CITY-ST-ZIP	PFT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLAN ALEXANDER	
1.3 STREET ADDRESS	3100 PRUITT RD B-307	
1.4 CITY-ST-ZIP	PT ST LUCIE FL 34952	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BONELLI IDA	
2.3 STREET ADDRESS	3100 PRUITT RD B-302	
2.4 CITY-ST-ZIP	PT ST LUCIE FL 34952	
3.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SANE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)