

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/03/1980		
4. FEI Number 59-2043527	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent
**ALLEN, ALEXANDER
 3100 PRUITT RD
 B-307
 PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent
 81 Name **CIRILLO JOANNE**
 82 Street Address (P.O. Box Number is Not Acceptable)
3100 PRUITT ROAD
 83 **B-203**
 84 City **PORT ST LUCIE** **FL** 85 Zip Code **34952**

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 **JOANNE CIRILLO** *Joanne Cirillo* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, ALLAN	
STREET ADDRESS	3100 PRUITT RD, B-307	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BONELLI, IDA	
STREET ADDRESS	3100 PRUITT RD., B-302	
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		<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CIRILLO JOANNE	
1.3 STREET ADDRESS	3100 PRUITT ROAD B-203	
1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHMALFELDT HANS	
2.3 STREET ADDRESS	3100 PRUITT ROAD B-301	
2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
3.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
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 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.

SIGNATURE: **JOANNE CIRILLO** *Joanne Cirillo* 2/8/98 561-335-8600

CR2E037 (10/97)