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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754961

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



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 11/03/1980 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

9. Name and Address of Current Registered Agent CIRILLO, JOANNE 3100 PRUITT RD B 203 PORT ST LUCIE FL 34952 10. Name and Address of New Registered Agent 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: Joanne Cirillo JOANNE CIRILLO 2/17/99 DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME CIRILLO, JOANNE	STREET ADDRESS 3100 PRUITT ROAD B203	CITY-ST-ZIP PORT ST LUCIE FL 34952	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VPD	NAME SCHMALFELDT, HANS	STREET ADDRESS 3100 PRUITT ROAD B301	CITY-ST-ZIP PORT ST LUCIE FL 34952	2.1 TITLE	NAME YUHAS, SARITA	STREET ADDRESS 3100 PRUITT RD B-101	CITY-ST-ZIP PORT ST LUCIE FL 34952
TITLE ST	NAME WISEMAN, MARY	STREET ADDRESS 3100 PRUITT ROAD B-208	CITY-ST-ZIP PT ST LUCIE FL	3.1 TITLE	NAME HAUSMAN, MARY JANE	STREET ADDRESS 3100 PRUITT RD B-108	CITY-ST-ZIP PT ST LUCIE FL 34952
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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, with all other like empowered.

SIGNATURE: Joanne Cirillo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/17/99 561-335-8610 DATE Daytime Phone #

CR2E037 (1/198)