

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90030 003 ****61.25

0056283

DOCUMENT # 754961

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2043527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, MARGARET
3100 PRUITT RD
B-102
PORT ST LUCIE FL 34952

Name Same
 Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Margaret J. Quinn
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-11-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINN, MARGARET	
STREET ADDRESS	3100 PRUITT RD B-102	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, FAYE	
STREET ADDRESS	3100 PRUITT ROAD B-202	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	QUINN, MARGARET	
STREET ADDRESS	3100 PRUITT ROAD B-102	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN PAULINE	
STREET ADDRESS	3100 PRUITT RD B-205	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHENELLE NORBERT	
STREET ADDRESS	3100 PRUITT RD B-301	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret J. Quinn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-02
 Date

335-4917
 Daytime Phone #

CR2E037 (9/01)