

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

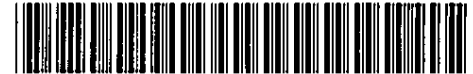
**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90189 044 \*\*\*\*61.25

**DOCUMENT # 754961**  
 1. Entity Name  
**TARPON BAY YACHT CLUB CONDOMINIUM B ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 3100 PRUITT RD 3100 PRUITT RD  
 V V  
 PT ST LUCIE FL 34952 PT ST LUCIE FL 34952



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  
**TONELLI, BARBARA**  
**3100 SE PRUITT RD**  
**B-304**  
**PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**SAME**  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Barbara Tonelli, President* DATE **2-22-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, PAULINE	
STREET ADDRESS	3100 PRUITT RD B-205	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TONELLI, BARBARA	
STREET ADDRESS	3100 SE PRUITT RD B-304	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	QUINN, PEGGY	
STREET ADDRESS	3100 SE PRUITT RD B-102	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOBB, PAULA	
STREET ADDRESS	3100 PRUITT RD B-201	
CITY-ST-ZIP	PORT SAINT 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DIMARCO B-203	
STREET ADDRESS	3100 SE PRUITT RD	
CITY-ST-ZIP	PORT SAINT LUCIE FLORIDA 34952	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director VP #	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KRESCHMANN	
STREET ADDRESS	3100 SE PRUITT RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pauline Sullivan	
STREET ADDRESS	3100 SE PRUITT RD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Barbara Tonelli, President* DATE: **2-22-07** DAYTIME PHONE #: **772-235-8600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #