


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90060 026 \*\*\*\*61.25

**DOCUMENT # 754961**

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



Principal Place of Business <b>3100 PRUITT RD          V          PT ST LUCIE FL 34952</b>	Mailing Address <b>3100 PRUITT RD          V          PT ST LUCIE FL 34952</b>
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------------------	-------------------------------------------

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number <b>59-2043527</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

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: **PAULA LOBB**  
 Street Address (P.O. Box Number is Not Acceptable): **3100 SE PRUITT RD B-201**  
 City: **Port St Lucie** FL Zip Code: **34952**

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: *Paula Lobb* (NOTE: Registered Agent signature required when re-registering) DATE: **2-21-08**

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP DIMARCO, ROBERT 3100 SE PRUIT RD B-203 PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONELLI, BARBARA 3100 SE PRUITT RD B-304 PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUINN, PEGGY 3100 SE PRUITT RD B-102 PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOBB, PAULA 3100 PRUITT RD B-201 PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLICAN, PAULINE 3100 SE PRUIT RD PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECAUTION NELSON BARTON 3100 SE PRUITT RD B-307 PT ST LUCIE FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paula Lobb* DATE: **2-21-08** **172-335-8600**