

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90179 048 ****61.25

0061809

DOCUMENT # 754961

1. Entity 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

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

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 **NELSON, ARTHUR J.**

Street Address (P.O. Box Number is Not Acceptable)
3100 PRUITT ROAD B-307

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

ARTHUR J. NELSON PRESIDENT

2-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	QUINN, MARGARET	
STREET ADDRESS	3100 PRUITT RD B-102	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, PAULINE	
STREET ADDRESS	3100 PRUITT RD B-205	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NORBERT, SCHENELLE	
STREET ADDRESS	3100 PRUITT RD B-301	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, ARTHUR J.	
STREET ADDRESS	3100 PRUITT RD B-307	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRITELLI, ANTHONY	
STREET ADDRESS	3100 PRUITT RD B-106	
CITY-ST-ZIP	PORT 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		
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:

ARTHUR J. NELSON Pres. 2-28-03 335-8600

CR2E037 (10/02)