## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # 755639  1. Entity Name TARPON BAY MOORINGS HOMEOWNERS ASSOCIATION, INC.					03-05-2007	7 90060 030		25	
Principal Place of Business 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US		Mailing Address 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US			11111111111111111111111111111111111111	<b>.</b>	BIGU BIĞI BIGU		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	Chg-NP	CR2E037	7 (12/06)		
City & State		City & State		4. FEI Numbe 59-2484	1541			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desire		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of Nev	w Registered A	gent -		
FORTE, LORRAINE 1111 SE FEDERAL HWY				Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 100 STUART, FL 34994				<del></del>					
			City			FL	Zip Code	3	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or r	registered agent, or bot	h, in the State of	Florida. I am fa	imiliar with,	and accept	
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	e required when reinstating)		DATE			
	Signature, typed or prunted name of registered agent in Filling Fee is \$61.25  Due by May 1, 2007	<del></del>	npaign Financing	\$5.00 May B	e F	Make check lorida Depart			
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing	<b>\$5.00</b> May B	F	Make check Torida Depart	ment of St	tate	
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF	9. Election Cam Trust Fund C	npaign Financing contribution.   11.	\$5.00 May B Added to Fees	F	Make check Torida Depart	ment of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 pther like empowered.

SIGNATURE:

Daytime Phone #