

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755639

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** TARPON BAY MOORINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 59-2484541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORTE, LORRAINE  
1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

KERT, LORRAINE  
1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

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: LORRAINE KERT

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALESSI, ROBERT  
Address: 1102 MITCHELL AVE #104  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD ( ) Delete  
Name: LADD, DEBRA  
Address: 1102 MITCHELL AVE #203  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD ( ) Delete  
Name: PROSHEL, WILLIAM  
Address: 1102 MITCHELL AVE #307  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ECOTT, CHRIS  
Address: 1102 MITCHELL AVE #105  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD (X) Change ( ) Addition  
Name: MACKENZIE, ROBERT  
Address: 1102 MITCHELL AVE #103  
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ALESSI

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date