FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

755754

(9)

TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION, INC.

Principal Disease AD reliance					— 1 1 1 1 1 1 1 1 1	DIDI DADK BIBIK BKOK BIBIL BIBIK OFDIK 1001
Principal Place of Business Mailing Address					100 Bron alen alen alen alen alen alen	
3100 PRUITT R PORT ST LUCI		3100 PRUITT RD PORT ST LUCIE FL 34952-5901		,		
					3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 04/15/1996
2. Principal Place of Business		2a. Mailing Address 26	ê ~		4. FEI Number 59-2049891	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28	Country	u	Trust Fund Contribution	Added to Fees
24	25	⊢ ` ⊢	30	,	This corporation has liability for in Florida Statutes	ytangible tax under s. 199.032, Yes No
<u> </u>	9. Name and Address of Current		701	······································	10. Name and Address of New Reg	
			81	Name p	OBERT OTTO	
IGNATIUS SERRA						la\
3100 PRUITT RD G-204			•	82 Street Address (P.O. Box Number is Not Acceptable) 3100 PRUITT ROAD		
PORT ST. LUCIE FL 34952			83		-101	
			84	City	T ST LUCIE	FL 85 Zip Code 34952
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Floride Statutes	s the abov			
office or re	egistered agent, or both, in the State of	of Florida, Such avenge was au	thorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
	n tainillar with and accept the obligat	HOTO SECURDATION OUS, FIOR			yya (16.2
SIGNATURE	Signature, upod of printed name of registered agent	t and till Managerial (NOTE	Registered Ag		red when reinstating)	DATE
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	X DELETE	1.1 TITLE	P	D	Change Addition
NAME	SERRA, IGNATIUS C		1.2 NAME		TTO ROBERT	
STREET ADDRESS	3100 PRUITT RD, G-204		1.3 STREE	TADDRESS 3	100 PRUITT RD G-10	1
CHTY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-	ST-ZIP P	T ST LUCIE, FL 349	52
TITLE	VD	X DELETE	2.1 TITLE	V	PD	Change Addition
NAME	turner, Britt		2.2 NAME	K	ARL JOHNSON	
STREET ADDRESS	3100 PRUITT ROAD, G-102		2.3 STREE		100 PRUITT RD, G-2	กร
CITY-ST-ZIP	PORT ST LUCIE, FL 00000		2.4 CITY-	ST-ZIP P	T ST LUCIE FL 3495	2
TITLE	T	X DELETE	3.1 TITLE	T		Change Addition
NAME	DEPUYDT, CHARLES		3.2 NAME	H1	EIMERDINGER VIRGIN	IA
STREET ADDRESS	3100 PRUITT RD G-306		3.3 STREE	TADORESS 3	100 PRUITT RD G-10	8
CITY-ST-ZIP	PORT ST LUCIE FL		3.4. CITY-		r st lucie fl 3495	
TITLE		DELETE	4.1 TITLE	SI		☐ Change ☐ Addition
NAME			1. 2 NAME	RI	EED CAROL	¥*
STREET ADDRESS			4.3 STREE	TADDRESS 3	100 PRUITT RD G-30	7
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	T ST LUCIE FL 3495	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		en de la companya de La companya de la co	
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADORESS		
CITY-ST-ZIP			6.4 CITY-	ST-2IP		·

14. I do 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 annual report or supplemental annual 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 emprawered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 it changed or on an attachment with an excess.

SIGNATURE:

4/20/97 335-8600

FILED

Apr 16 1997 8:00am

Secretary of State