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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755754**

1. Corporation Name

TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3100 PRUITT RD PORT ST LUCIE FL 34952	3100 PRUITT RD PORT ST LUCIE FL 34952

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2049891 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HEIMERDINGER, VIRGINIA E
3100 PRUITT ROAD
G108
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: ROBERT MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable): 3100 PRUITT ROAD
83: G-302
84 City: PORT ST LUCIE **FL** 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] ROBERT J. MITCHELL PRESIDENT DATE: 2/23/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JONES, WILLIAM E		1.2 NAME	MITCHELL, ROBERT J.	
STREET ADDRESS	3100 PRUITT ROAD G201		1.3 STREET ADDRESS	3100 PRUITT ROAD H-302	
CITY-ST-ZIP	PT ST LUCIE FL 34952		1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	PD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TURNER, BRINTON		2.2 NAME	JONES, BETH C.	
STREET ADDRESS	3100 PRUITT RD G101		2.3 STREET ADDRESS	3100 PRUITT ROAD G-201	
CITY-ST-ZIP	PORT ST LUCIE, FL 00000 34952		2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VIRGINIA, HEIMERDINGER		3.2 NAME	SAME	
STREET ADDRESS	3100 PRUITT RD. G-108		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED ROBERT J. MITCHELL 2/23/99 Date 335-8600 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR