## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 755754** Mar 07, 2000 8:00 am **Secretary of State** TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION. 03-07-2000 90108 048 \*\*\*\*61.25 Mailing Address Principal Place of Business 3100 PRUITT RD 3100 PRUITT RD PORT ST LUCIE FL 34952-5901 PORT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2049891 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) MITCHELL, ROBERT 3100 PRUITT ROAD 3100 PRUITT ROAD G = 203G-302 34952 PORT ST. LUCIE FL 34952 PORT ST LUCIE 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. 2-29-66 U Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 G, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ★ Change Addition X Delete TITLE TIT! F JOHNSON, ELIZABETH MITCHELL, ROBERT J NAME NAME 3100 PRUITT RD G - 203STREET ADDRESS STREET ADDRESS 3100 PRUITT ROAD G201 PORT ST LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34952 **VPD** TITLE VPD X Change Addition ☐ Delete TITLE NAME Jones, Beth C MITCHELL, ROBERT NAME STREET ADDRESS STREET ADDRESS 3100 PRUITT RD G101 3100 PRUITT RD G - 302CITY-ST-ZIP \_CITY-ST-ZIP PORT ST. LUCIE FL 34952 <del>PORT-ST-LUCIE-FL-34952</del> TITLE TD **X** Change ☐ Addition Delete TITLE VIRGINIA, HEIMERDINGER NAME SERRA, ROSE NAME STREET ADDRESS 3100 PRUITT RD G - 204STREET ADDRESS 3100 PRUITT RD. G-108 CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34952 PORT ST LUCIE FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SALANTISHER REQUIRED SON

2-29-60

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