2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90078 013 ****61.25

DOCUMENT # 755754

1. Entity Name

TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION,

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

UU020238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2049891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, ELIZABETH 3100 PRUITT ROAD G-203 PORT ST. LUCIE FL 34952	Name: SAME Street Address (P.O. Box Number is Not Acceptable): SAME SAME City: SAME **FL** Zip Code

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.

SIGNATURE ELIZABETH JOHNSON PRESIDENT Elizabeth B. Johnson 2/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MITCHELL, ROBERT J 3100 PRUITT RD G-302 PT ST LUCIE FL 34952	☒ Delete	PD JOHNSON ELIZABETH 3100 PRUITT ROAD G-203 PT ST LUCIE FL 34952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, ELIZABETH 3100 PRUITT RD G-203 PORT ST. LUCIE FL 34952	☐ Delete	VPD MAHONEY MARTHA 3100 PRUITT RD G-104 PT ST LUCIE FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SERRA, ROSE 3100 PRUITT RD G-204 PORT SAINT LUCIE FL 34952	☐ Delete	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: ELIZABETH JOHNSON PRESIDENT Elizabeth B. Johnson 2/19/01 561-335-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #