## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 755754** 1. Entity Name 04-09-2004 90067 029 \*\*\*\*61.25 TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION.INC. Principal Place of Business Mailing Address 3100 PRUITT RD 3100 PRUITT RD PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2049891 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REED SERRA, IGNATIUS Street Address (P.O. Box Number is Not Acceptable) 6-307 G-204 3100 PRUITT RD PORT SAINT LUCIE FL 34952 PIERCE 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. I am familiar with, and accept the obligations of registered agent. E, SIGNATURE STORAGE REED FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD PD TITLE 2 Delete THILE **X** Addition Change OTTO, ROBERT NAME NAME REED JAMES 3100 PRUITT ROAD G-101 STREET ADDRESS 6-307 STREET ADDRESS 3100 PROTT RD PT ST LUCIE FL 34952 CITY-ST-ZIP CITY-ST-7/P LUCIE FL 🔀 Delete TITLE TITLE ☐ Change ★ Addition SERRA, IGNATIUS NAME NAME BLAISDELL WARREN 3100 PRUITT RD G-204 STREET ADDRESS STREET ADDRESS G-304 3100 PRVITT RD PORT ST. LUCIE FL 34952 CITY-ST-ZIP Lucie ☐ Delete TITLE Change Addition MATTHEW, DAVID NAME NAME JAM E 3100 PRUITT ROAD G-306 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

SAMES E ROFD

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

**FILED**