

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 030 \*\*\*\*61.25

**DOCUMENT # 755754**

1. Entity Name

**TARPON BAY YACHT CLUB CONDOMINIUM G  
ASSOCIATION, INC.**



Principal Place of Business

**3100 PRUITT RD  
PORT ST LUCIE FL 34952**

Mailing Address

**3100 PRUITT RD  
PORT ST LUCIE FL 34952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

**BLAISDELL, WARREN  
3100 PRUITT RD.  
G-307  
PORT SAINT LUCIE FL 34952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **WARREN BLAISDELL**

**President**

**3-7-06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete  
NAME **STENBERG, ROBERT A**  
STREET ADDRESS **3100 PRUITT RD., G-307**  
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE **P** ☐ Change ☐ Addition  
NAME **BLAISDELL WARREN**  
STREET ADDRESS **3100 SE PRUITT RD G-304**  
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE **P** ☐ Delete  
NAME **WARREN, BLAISDELL**  
STREET ADDRESS **3100 PRUITT RD., G-304**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VP** ☐ Change ☒ Addition  
NAME **CATHY ORLANDO**  
STREET ADDRESS **3100 SE PRUITT RD G-202**  
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE **TD** ☐ Delete  
NAME **MATTHEW, DAVID**  
STREET ADDRESS **3100 PRUITT ROAD G-306**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **TD** ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **WARREN BLAISDELL** **WARREN BLAISDELL**

**3-7-06**

**772-335-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #