

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 029 \*\*\*\*61.25

<b>DOCUMENT # 756628</b> 1. Entity Name <b>TARPON BAY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>14459 RIVERBEACH DR EL JOBEAN, FL 33953</b>		Mailing Address <b>4195 S TAMIAMI TRL PMB 173 VENICE, FL 34293</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 380758</b> Suite, Apt. #, etc.	
City & State Zip      Country		City & State <b>Murdock, FL</b> Zip      Country <b>33938      USA</b>	
4. FEI Number <b>59-2632855</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANTARES GROUP, INC 4195 S TAMIAMI TRL PMB 173 VENICE, FL 34293</b>		7. Name and Address of Now Registered Agent Name <b>The Gateway Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>1532 Rio De Janeiro Ave</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33983</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/25/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KNIGHT, LAVERN</b> <b>604 W OAK ST -</b> <b>ARCADIA, FL 34266</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>PD</b> <b>Mannor, Patrick</b> <b>14459 River Beach Rd, C-224</b> <b>El Jobean, FL 33953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>HERMAN, ADRIAN</b> <b>21459 LANDIS AVE</b> <b>PORT CHARLOTTE, FL 33954</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>VPD</b> <b>Inglese, Carl</b> <b>14459 River Beach Rd, A-106</b> <b>El Jobean, FL 33953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COBBS, SHARON</b> <b>14459 RIVERBEACH DR, D229</b> <b>PORT CHARLOTTE, FL 33953</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>STD</b> <b>Johnson, Earl</b> <b>14459 River Beach Rd, B-214</b> <b>El Jobean, FL 33953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KOZLOWSKI, TOM</b> <b>P.O. BOX 27115</b> <b>EL JOBEAN, FL 33927</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>D</b> <b>DeTorres, John</b> <b>14459 River Beach Rd, D-227</b> <b>El Jobean, FL 33953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARZETTA, FRED</b> <b>5 FOX HILL RD</b> <b>BLACKSTONE, MA 01504</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>D</b> <b>Kayler, Barbara</b> <b>14459 River Beach Rd, A-104</b> <b>El Jobean, FL 33953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
 <small>NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/25/07</b> Daytime Phone # <b>941-629-8190</b>	