2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756628

Apr 20, 2008 Secretary of State

Entity Name: TARPON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14459 RIVERBEACH DR EL JOBEAN, FL 33953

Current Mailing Address: New Mailing Address:

P.O. BOX 380758 MURDOCK, FL 33938

FEI Number: 59-2632855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE GATEWAY GROUP 1532 RIO DE JANEIRO AVE US PUNTA GORDA, FL 33983

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MANNOR, PATRICK MANNOR, PATRICK Name: Name: 14459 RIVER BEACH RD., C-224 Address: 14459 RIVER BEACH RD., C-224 Address:

EL JABEAN, FL 33953 EL JABEAN, FL 33953

City-St-Zip: City-St-Zip:

Title: VD Title: (X) Change () Addition () Delete

INGLESE, CARL Name: INGLESE, CARL Name: Address: 14459 RIVER BEACH RD., A-106 Address: 14459 RIVER BEACH RD., A-106

City-St-Zip: EL JABEAN, FL 33953 City-St-Zip: EL JABEAN, FL 33953

Title: STD () Delete Title: SD (X) Change () Addition JOHNSON, EARL JOHNSON, EARL Name: Name:

14459 RIVER BEACH RD., B-214 Address: 14459 RIVER BEACH RD., B-214 Address:

City-St-Zip: EL JABEAN, FL 33953 City-St-Zip: EL JABEAN, FL 33953

() Delete Title: Title: () Change () Addition

Name: DETORRES, JOHN Name: 14459 RIVER BEACH RD., D-227 Address: Address: City-St-Zip: EL JOBEAN, FL 33927 City-St-Zip:

Title: () Delete Title: VPD (X) Change () Addition

KAYLER, BARBARA Name: Name: KAYLER, BARBARA

14459 RIVER BEACH RD., A-104 14459 RIVER BEACH RD., A-104 Address: Address:

City-St-Zip: EL JOBEAN, FL 33953 City-St-Zip: EL JOBEAN, FL 33953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL INGLESE PD 04/20/2008