

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760145 (3)
1. Corporation Name
TARPON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**ELLIOTT MERRILL MGMT.
1105-12TH STREET
VERO BEACH FL 32960
US** **C/O ELLIOTT MANAGEMENT SYSTEMS
1105 12 ST
VERO BEACH FL 32960**

3. Date Incorporated or Qualified **09/23/1981** 3a. Date of Last Report **04/24/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2366219	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, RICHARD D.
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, DORIS	1.2 NAME	
STREET ADDRESS	1820 TARPON LANE	1.3 STREET ADDRESS	1820 Tarpon Lane, E-103
CITY-ST-ZIP	VERO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARAVAGLIA, MICHAEL JR.	2.2 NAME	Lynda Lobsitz
STREET ADDRESS	1825 TARPON LANE, H-304	2.3 STREET ADDRESS	1845 Tarpon Lane, G-303
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMBRON, CYNTHIA	3.2 NAME	William Gibson
STREET ADDRESS	1825 TARPON LANE, H-202	3.3 STREET ADDRESS	1825 Tarpon Lane, H-104
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, CHARLES	4.2 NAME	
STREET ADDRESS	1825 TARPON LANE, H-102	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBERDY, NANCY	5.2 NAME	
STREET ADDRESS	1820 TARPON LANE, E-203	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVI, WINFIELD	6.2 NAME	
STREET ADDRESS	1845 TARPON LANE, G-106	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **4/4/96** DAYTIME PHONE #: **407-569-9853**

CR2E037 (12/95)