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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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: ELLIOTT MERRILL MGMT. 1105-12TH STREET VERO BEACH FL 32960 US
Mailing Address: C/O ELLIOTT MANAGEMENT SYSTEMS 1105 12 ST VERO BEACH FL 32960-3718

3. Date Incorporated or Qualified: 09/23/1981
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-2366219
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
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: Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DRAKE, DORIS	
STREET ADDRESS	1820 TARPON LANE, E-103	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOBSITZ, LYNDA	
STREET ADDRESS	1845 TARPON LANE, G-303	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, WILLIAM	
STREET ADDRESS	1825 TARPON LANE, H-104	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOX, CHARLES	
STREET ADDRESS	1825 TARPON LANE, H-102	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REBERDY, NANCY	
STREET ADDRESS	1820 TARPON LANE, E-203	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVI, WINFIELD	
STREET ADDRESS	1845 TARPON LANE, G-106	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stanton, Norma	
1.3 STREET ADDRESS	1845 Tarpon Lane, G-101	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ramer, Joyce	
2.3 STREET ADDRESS	1845 Tarpon Lane, G-201	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thompson, Charles	
3.3 STREET ADDRESS	1840 Tarpon Lane, D-203	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vincenti, John	
5.3 STREET ADDRESS	1840 Tarpon Lane, D-102	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 the agent or on an attachment with an address.

SIGNATURE: *Charles B. Fox*

CR2E037 (9/96)