## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **760145** Apr 19, 2000 8:00 am 1. Entity Name Secretary of State TARPON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC. 04-19-2000 90040 004 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O ELLIOTT MANAGEMENT SYSTEMS ELLIOTT MERRILL MGMT. 1105 12 ST 1105-12TH STREET VERO BEACH FL 32960-3718 VERO BEACH FL 32960 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-2366219 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ----Name Street Address (P.O. Box Number is Not Acceptable) ELLIOTT, RICHARD D. ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET City Zip Code VERO BEACH FL 32960 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. The second secon SIGNATURE DATE (NOTE. Registered Agent signature required when reinstating) stered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (9/99 Addition PD ☐ Delete TITLE TITLE NAME STANTON, NORMA NAME STREET ADDRESS STREET ADDRESS 1845 TARPON LANE G-101 CITY-ST-ZIP CITY-ST-ZIP VERO BCH. FL 32960 Addition ☐ Change TITLE SD ☐ Delete TITLE RAMER, JOYCE NAME NAME STREET ADDRESS STREET ADDRESS .1845 TARPON LANE G-201 CITY-ST-ZIP CITY-ST-ZIP- -VERO BEACH FL Change ☐ Addition ☐ Delete TITLE NAME NAME THOMPSON, CHARLES STREET ADDRESS STREET ADDRESS 1840 TARPON LANE D-203 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change ☐ Addition ☐ Delete TITLE DRAKE, DORIS NAME STREET ADDRESS STREET ADDRESS 1820 TARPON LANE E103 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Addition ☐ Change TITLE Delete NAME NAME VINCENTI, JOHN STREET ADDRESS STREET ADDRESS 1840 TARPON LANE D-102 CITY-ST-ZIP CITY-ST-ZIP vero beach fl TITLE ☐ Delete TITLE ☐ Change □ Addition NAME LEVI, WINFIELD NAME STREET ADDRESS STREET ADDRESS 1845 TARPON LANE, G-106

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

VERO BEACH FL

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2000

7/8 - 14-01 Daytime Phone #