## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

760380

Country

(6)

TARPON BAY YACHT CLUB CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business \$100 PRUITT RD PORT ST LUICE FL \$3452

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Zip

22

23

Mailing Address

3100 PRUITT RD

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

PORT ST LUICE FL 34952-5901

## **FILED** Apr 14 1997 8:00am Secretary of State



 $\Box$ 

8. This corporation has liability for inangible tax under s. 199.032,

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 10/12/1981

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Oros.

4. FEI Number 59-2169000

24	25	29	3	0			a Statutes		□ No	
Name and Address of Current Registered Agent						10. Name	and Address of	New Registered	Agent	
3100 PF PT ST L	edistered agent, or both	ons 617.0502 and 617.1508, in the State of Florida. Such apt the obligations of, Section	change was aut	horized b	City re-named by the corp	SAME Address (P.O. Bo SAME SAME corporation submooration's board of	nits this statement	FL for the purpose of	of changing	Code its registered s registered
SIGNATORE.	Signature, typed or printed name	of registered activities and title if applicable	o. (NOTE: I	Registered Ag	ent signature	required wire reinstating	ng)	DATE		
12.		FICERS AND DIRECTORS		13.		ADDITI	ONS/CHANGES T	O OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	PD HOPE, LLYOD W 3100 PRUITT RD I PT ST LUCIE FL	E-204	□ DECETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY-1	T ADDRESS ST-7/P	s	AME		Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRUCELL, HELEN 3100 PRUITT RD I PT ST LUCIE FL	E-306	DELETE	2.1 TITLE 2.2 NAME	T ADDRESS	SA	ME		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENDIEVEL, JANE 3100 PRUITT RD I PT ST LUCIE FL	·	DELETE	3.1 TITLE 3.2 NAME	1 Address	SA	ME		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, DOROTHY 3100 PRUITT RD I PT ST LUCIE FL		□ DELETE	4.1 TITLE 4. 2 NAME	T ADDRESS	SA	ME		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	5.1 TITLE 5.2 NAME	t address				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			DELETE	6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-	T ADDRESS S1-ZIP				Change	Addition
14. I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.										

Country