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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760380					
1. Corporation Name TARPON BAY YACHT CLUB CONDOMINIUM E ASSOCIATION, INC.					
Principal Place of Business 3100 PRUITT RD PORT ST LUCE FL 33452			Mailing Address 3100 PRUITT RD PORT ST LUCE FL 33452		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/12/1981	
4. FEI Number 59-2169000		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent HOPE, LLOYD W 3100 PRUITT RD E-204 PT ST LUCIE FL 34952			10. Name and Address of New Registered Agent 81 Name TEDDER, GERALD H 82 Street Address (P.O. Box Number is Not Acceptable) 3100 PRUITT ROAD 83 E-303 84 City PORT ST LUCIE FL 85 Zip Code 34952		
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 <i>[Signature]</i> GERALD H. TEDDER PRESIDENT 2/23/99 DATE					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME HOPE, LLOYD W STREET ADDRESS 3100 PRUITT RD E-204 CITY-ST-ZIP PT ST LUCIE FL	☒ DELETE	1.1 TITLE PD 1.2 NAME TEDDER, GERALD H 1.3 STREET ADDRESS 3100 PRUITT ROAD 1.4 CITY-ST-ZIP PORT ST LUCIE FL 34952	☒ Change ☐ Addition
TITLE VPD NAME LAUTERBERG, STREET ADDRESS 3100 PRUITT ROAD E-301 CITY-ST-ZIP PT ST LUCIE FL 34952	☒ DELETE	2.1 TITLE VPD 2.2 NAME BROWN, SAMUEL 2.3 STREET ADDRESS 3100 PRUITT ROAD 2.4 CITY-ST-ZIP PORT ST LUCIE FL 34952	☒ Change ☐ Addition
TITLE STD NAME DENDIEVEL, JANE STREET ADDRESS 3100 PRUITT RD E-302 CITY-ST-ZIP PT ST LUCIE FL	☐ DELETE	3.1 TITLE STD 3.2 NAME SAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SHAW, DOROTHY STREET ADDRESS 3100 PRUITT RD E101 CITY-ST-ZIP PT ST LUCIE FL	☐ DELETE	4.1 TITLE D 4.2 NAME SAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE STD 5.2 NAME DENDIEVEL JANE 5.3 STREET ADDRESS 3100 PRUITT RD E-302 5.4 CITY-ST-ZIP PT ST LUCIE FL 34952	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE D 6.2 NAME DOROTHY SHAW 6.3 STREET ADDRESS 3100 PRUITT RD E-101 6.4 CITY-ST-ZIP PT ST LUCIE FL 34952	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

GERALD H. TEDDER

2/23/99

335-8600

Date

Daytime Phone #

CR2E037 (1/98)