2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 760380** 1. Entity Name 04-09-2004 90067 030 ****61.25 TARPON BAY YACHT CLUB CONDOMINIUM E ASSOCIATION, INC. Principal Place of Business Mailing Address 3100 PRUITT RD PORT ST LUICE FL 33452 3100 PRUITT RD **AZAMARI**T PORT ST LUICE FL 33452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2169000 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUTERBERG, EGON Street Address (P.O. Box Number is Not Acceptable) 3100 PRUITT RD E-201 AME PORT SAINT LUCIE FL 34952 Zip Code 8. The above namest entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Prosinget FGON LAUTERBENG (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution, Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition TEDDER, GERALD H NAME NAME 3100 PRUITT RD E-303 STREET ADDRESS STREET ADDRESS PT ST LUCIE FL 34952 CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE Change ☐ Addition LAUTERBERG, EGON NAME NAME SAME 3100 PRUITT RD E-301 STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE HUDSON, ELEANOR S NAME NAME SAME 3100 PRUITT RD E-203 STREET ADDRESS STREET ADDRESS PT. ST LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SUCHAN, WILLIAM NAME NAME 3100 PRUITT RD, E-204 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP BILE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

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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 trultee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

<u>335-8600</u>

FILED