
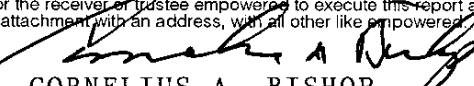


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90075 024 \*\*\*\*61.25

<b>DOCUMENT # 762499</b>					
1. Entity Name <b>LAKE TARPON SAIL AND TENNIS CLUB II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>90 SO. HIGHLAND AVENUE PATIO #20 * TARPON SPRINGS FL 34689</b>		Mailing Address <b>90 SO. HIGHLAND AVENUE PATIO #20 TARPON SPRINGS FL 34689</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2200773</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROBERT J. BRODIE 90 SO. HIGHLAND AVENUE PATIO #12 TARPON SPRINGS FL 34689</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODIE, ROBERT		NAME		
STREET ADDRESS	UNIT 12, 90 HIGHLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUTURIER, GORDON		NAME		
STREET ADDRESS	UNIT 2 90 SOUTH HIGHLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISHOP, CORNELIUS		NAME		
STREET ADDRESS	UNIT 17, 90 S. HIGHLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, GEORGE		NAME		
STREET ADDRESS	UNIT 14 90 SOUTH HIGHLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUER, GARY		NAME		
STREET ADDRESS	UNIT 13, 90 S. HIGHLAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KEYES, WILLIAM	
STREET ADDRESS			STREET ADDRESS	UNIT 6 90 S. HIGHLAND AVE	
CITY-ST-ZIP			CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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 empowerments.					
SIGNATURE: 			TREASURER		FEB 1, 2005 (727)937-2199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40014027



1st MOORE CR2E037 (10/04)