

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765735** (6)

1. Corporation Name

TAMARON UTILITY AUTHORITY, INC.



Principal Place of Business

Mailing Address

**3766 GATEWOOD DRIVE
P.O. BOX 7028
SARASOTA FL 34278**

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**P.O. BOX 7028
SARASOTA FL 34278**

3. Date Incorporated or Qualified
11/15/1982

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2841652

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARNEY, ROBERT
1880 ORANGEWOOD LN
SARASOTA FL 34232**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Robert Harney
Signature, typed or printed name of registered agent and title if applicable.

ROBERT HARNEY

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SNELL, LIVINGSTON P.**
STREET ADDRESS **1833 SPRINGWOOD**
CITY - ST - ZIP **SARASOTA, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **BILEK, KARL**
STREET ADDRESS **4263 EASTWOOD**
CITY - ST - ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DS** ☐ DELETE
NAME **ROBBINS, LARRY**
STREET ADDRESS **1403 FLEETWOOD**
CITY - ST - ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **HARNEY, ROBERT**
STREET ADDRESS **1880 ORANGEWOOD**
CITY - ST - ZIP **SARASOTA, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **FINNIMORE, JOHN**
STREET ADDRESS **1837 SPRINGWOOD**
CITY - ST - ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **NAIMAN, JAMES**
STREET ADDRESS **3833 GATEWOOD**
CITY - ST - ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert Harney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT HARNEY

2-15-96

(941)377-1763

Date

Daytime Phone #

CR2E037 (12/95)