

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 # 768063 (0)

1. Corporation Name

TARPON ISLAND CLUB DOCK OWNERS' ASSOCIATION, INC



Principal Place of Business: ELLIOTT MERRILL MGMT, 1105-12TH STREET, VERO BEACH FL 32960 US
Mailing Address: C/O ELLIOTT MANAGEMENT SYSTEMS, 1105-12TH ST, VERO BEACH FL 32960

3. Date Incorporated or Qualified: 04/20/1983
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2366219
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIOTT, RICHARD D.
ELLIOTT MERRILL COMMUNITY MGMT.
1105-12TH STREET
VERO BEACH FL 32960

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVI, WINFIELD	
STREET ADDRESS	1845 TARPON LANE, UNIT G-106	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, GUENTHER	
STREET ADDRESS	1820 TARPON LANE, UNIT E-302	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUDLONG, W.L.	
STREET ADDRESS	1820 TARPON LANE, UNIT E-106	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOX, CHARLES	
STREET ADDRESS	1825 TARPON LANE UNIT H102	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Kenneth Dollinger	
23 STREET ADDRESS	1820 Tarpon Lane, Unit E-304	
24 CITY-ST-ZIP	VERO BEACH, FL 32960	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	DYT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Winfield Levi* 4/16/96 107-569-9833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)