## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham -

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

768063

(0)

TARPON ISLAND CLUB DOCK OWNERS' ASSOCIATION, INC

FILED										
May 19 1998 8:00am										
Secretary of State										

04-4-100-	<b>1</b> 0											
Principal Place of Business Mailing Address								,, -,-,				
ELLIOTT MERRILL MGMT			C/O ELLIOTT MANAGEMENT SYSTEMS			3.	Date Incorporated or Qualified					
1105-12TH STRI   VERO BEACH F			1105-12TH ST				04/20/1983					
US	C 32#00	VERU BERUM FL 32900	VERO BEACH FL 32960			4.	FEI Number		A	pplied	d For	
••							59-2366219		N	ot Ap	plicable	
2. Principal P	ace of Business	2a. Mailing Address					Certificate of Status Desired	\$1	8.75	Addi	tional	
21		26	10			<u> </u>	Certificate of States Desired		Fee R	equir	ed	
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.				6.	Election Campaign Financing	\$	5.00	May	Be	
22		27				1	Trust Fund Contribution	A	dded t	o Fee	98	
City & State	•	City & State				7. Is this nonprofit corporation a horneowners association?						
Zip	Country	Zip Country				+_		_] No				
	—			У		8.	This corporation owes or has paid the cu Personal Property Tax due June 30.	renty ∐Ye	_	itangi No		
24	25  9. Name and Address of Currer		30			10	Name and Address of New Registered	=_			·	
	<u> </u>		81	īTī	Name							
ELLIATT	, RICHARD D.		<u> </u>	1_								
		82	일 8	Street Addre	ss (P	P.O. Box Number is Not Acceptable)						
	MERRILL COMMUNITY MGMT. TH STREET		83	<del>-</del>								
	EACH FL 32960			$\perp$								
· VERO DI	-AOIT 1 & 32900		B4	9	City		FI	85	Zip	Code	9	
11. Pursuant 1	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the abov	 /e-n:	amed corpo	ration	on submits this statement for the purpose of	cha	nging i	its rec	aistered	
office or re	egistered agent, or both, in the State	of Florida, Such change was at	thorized b	y th	ne corporatio	on's b	poard of directors. I hereby accept the app	ointm	nent as	regis	stered	
_	in lashinal with, pilo decopt the obligi	.mons or, 3600001 017,0300, 1101	ICA Otatole	, ,								
SIGNATURE _	Signature, typed or printed name of registered age	unt and title if applicable. (NOTE:	Registered Ag	ent s	signatura required	d when	n reinstating) DATE					
12,	OFFICERS AN	D DIRECTORS	13.			-	ADDITIONS/CHANGES TO OFFICERS AND	DJR	ECTO	RS IN	12	
TITLE	STD	☐ DELETE	1.1 TITLE		PT	, D		Ø (	Change		Addition	
NAME	STANTON, VINCENT		1.2 NAME									
STREET ADDRESS	1845 TARPON LANE, G101		1.3 STREE	T ADO	ORESS							
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-	ST-Z	(IP							
TITLE	Ō	☐ DELETE	2.1 TITLE		150			<b>K</b> J (	Change		Addition	
NAME	<b>LE</b> VI, WINFIELD		2.2 NAME									
STREET ADDRESS	1845 TARPON LANE, UNIT G	106	2.3 STREE	T ADI	DRESS							
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY-	ST-2		<b>~</b> —					<del></del>	
TITLE	PD	DELETE	3.1 TITLE		$-1\sqrt{i}$		Va N	LJ (	Change	A	Addition	
NAME	FOX, CHARLES		3.2 NAME			M	chei Doris	1	. 1 1.	~~		
STREET ADDRESS	1825 TARPON LANE UNIT H1	02	3.3 STREE	T ADD	DRESS   12	ડુંટી (	o Tarpon Lane, un	1	HIGH	23		
CITY-ST-ZIP	VERO BEACH FL	T octor	3.4. CITY-	ST-Z	ZIP VE	210	beach, FL 32	110	<u>ソレ</u>		6.400	
TITLE		☐ DELETE	4.1 TITLE				•	ш,	Change	ш	Addition	
NAME			4. 2 NAME		İ							
STREET ADDRESS			4.3 STREE									
CITY-ST-ZIP		Printe	4.4 CITY -	ST-Z	<u> </u>			<del>, ,</del>	Change		Addition	
TITLE		☐ DELETE	5.1 TITLE		1			ייי	лапре	ш	Addition	
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREE		1							
CITY+ST-ZIP		DELETE	5.4 CITY-: 6.1 TITLE	SI-Z	(IP			<b>F</b> 17	Change		Addition	
TITLE								، ب	warde	ب	, AOUIDON	
NAME STREET ADDOCCO			6.2 NAME 6.3 STREE		DDECC							
STREET ADDRESS												
CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify for	the exemp	ntion	n stated in S	ectio	on 119 07/3)(i). Florida Statutes I further of	rtify 1	hat the	a info	rmation	
14. Thereby 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 cath; that I am an												
Block 12 o	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 of 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 an ap attachment with an address.											