

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90021 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 768063</b> 1. Corporation Name <b>TARPON ISLAND CLUB DOCK OWNERS' ASSOCIATION, INC</b>			
Principal Place of Business <b>ELLIOTT MERRILL MGMT                  1105-12TH STREET                  VERO BEACH FL 32960                  US</b>		Mailing Address <b>C/O ELLIOTT MANAGEMENT SYSTEMS                  1105-12TH ST                  VERO BEACH FL 32960</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2366219</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 (May Be Added to Fees)
24	Country	29	Country		

9. Name and Address of Current Registered Agent <b>ELLIOTT, RICHARD D.                  ELLIOTT MERRILL COMMUNITY MGMT.                  1105-12TH STREET                  VERO BEACH FL 32960</b>				10. Name and Address of New Registered Agent 81 Name <b>KAREN H. MERRILL</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>SAME</b> 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0501 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: *Karen H. Merrill* DATE: **4-23-99**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STANTON, VINCENT</b>		1.2 NAME		
STREET ADDRESS	<b>1845 TARPON LANE, G101</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>VERO BEACH FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVI, WINFIELD</b>		2.2 NAME		
STREET ADDRESS	<b>1845 TARPON LANE, UNIT G106</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>VERO BEACH FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DRAKE, DORIS</b>		3.2 NAME	<b>D Stanton, Norma</b>	
STREET ADDRESS	<b>1820 TARPON LANE UNIT H103</b>		3.3 STREET ADDRESS	<b>1845 Tarpon Lane, G101</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>		3.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32960</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowerments.

SIGNATURE: *Winfield Levi* DATE: **4-23-99** DAYTIME PHONE: **561-569-1853**

CR2E037 (1/198)