FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **848614** **(4)**

1. Corporation Name

TARPON ISLAND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
220 BOYLSTON ST. 111 CHESTNUT HILL MA 02167 US	220 BOYLSTON ST. 111 CHESTNUT HILL MA 02167 US

2. Principal Place of Business 21 21 N. Military Trail	2a. Mailing Address c/o H.S. Hoffman 26 21 N. Military Trail
Suite, Apt. #, etc. 22 Suite H	Suite, Apt. #, etc. 27 Suite H
City & State 23 West Palm Beach, FL 33415	City & State 28 West Palm Beach, FL 33415
Zip / Country 24 33415 / 25 USA	Zip / Country 29 33415 / 30 USA

3. Date Incorporated or Qualified: 03/16/1981
3a. Date of Last Report: 06/28/1995
4. FEI Number: 58-1428993 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: If changing Registered Agent, Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLATER, PAUL D.		1.2 NAME		
STREET ADDRESS	3350 RUM ROW		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSNY, IRVING H		2.2 NAME		
STREET ADDRESS	17 FERNCROFT RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTON MA		2.4 CITY-ST-ZIP		
TITLE	VPSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POORVU, HOWARD		3.2 NAME		
STREET ADDRESS	16880 ISLE OF PALMS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOFFMAN, HERBERT		4.2 NAME	HOFFMAN, HERBERT	
STREET ADDRESS	11861 MADESTONE DR		4.3 STREET ADDRESS	11861 MAIDSTONE DR	
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY-ST-ZIP	WELLINGTON, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H.S. Hoffman H.S. HOFFMAN 4-29-96 407 687-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)