

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90096 047 \*\*\*158.75

**DOCUMENT # F51615**

1. Entity Name  
TARPON POINT, INC.



Principal Place of Business

201 ALHAMBRA CIR  
12TH FLR  
CORAL GABLES, FL 33134 US

Mailing Address

201 ALHAMBRA CIR  
12TH FLR  
CORAL GABLES, FL 33134 US



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2152338

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.  
201 ALHAMBRA CIR  
12TH FLR  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME GETMAN, DENNIS J  
STREET ADDRESS 201 ALHAMBRA CIR-12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL

TITLE VSD  
NAME KERRIGAN, JUANITA I  
STREET ADDRESS 201 ALHAMBRA CIR-12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL

TITLE PTD  
NAME MCNAIRY, CHARLES  
STREET ADDRESS 201 ALHAMBRA CIR-12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Juanita I. Kerrigan, VP / See 4/23/04 (305) 442-7000  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I. KERRIGAN

Date

Daytime Phone #