## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G37192

(3)

TARPON LAKE MARINA, INC.

Mailing Address

37517 US 19 NORTH 4200 U.S. HWY. 19 NORTH PALM HARBOR FL 34684

Principal Place of Business

37517 US 19 NORTH 4200 U.S. HWY. 19 NORTH PALM HARBOR FL 34684-101 FILED Feb 11 1997 8:00am Secretary of State

	. <u>1</u> 41011

POLIKEY, DUANE R.  4289 U.S. HWY-19 NORTH PALM HARBOR FL 34684  9 3 LEX ING TO NOR DI IN-FF A 3 Y-6 9 8  63  64 City  FL 65  65  663  664 City  FL 65  67  685  686  687  687  687  688  688	PALM HARBOR FL 34684		PALM HARBOR FL 34684-1015							
2. Principal Face of Business   2a. Mainty Andress   3									' 1	
21   3   75   7   1   1   1   2   1   1   1   2   2   1   1						_		04/02/199	<u>2/1996</u>	
Suite. Apt #, etc.  20   Suite. Apt #, etc.  21   Apt   M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M R G on   FZ   20   P M M M M M R G on   FZ   20   P M M M M M M M M M M M M M M M M M M			1	-			- I	ļ	· '.'.	
Coly & State   Correct Care   Status					HORE	DR. E	59-2301189		<del></del>	
City & State   City & State   Country   Country   Country   2P	·····	#, etc	<u>├</u> ──┐ ′ ′	, etc.			5. Certificate of Status Desired	1 1 7 -		
23  74 / y   72		)			******		& Election Compaign Financing			
20   20   3   4   5   4   20   20   3   4   6   4   30   20   3   4   6   4   30   20   3   4   6   4   30   20   3   4   6   4   30   20   3   4   6   4   30   3   4   6   4   30   3   4   6   4   3   3   4   6   4   4   4   4   4   4   4   4		4	l '	HARE	BOR	FLA				
POLIKEY, DUANE R.   PALM HARBOR FL 34884				7 . 7						
POLUKEY, DUANE R.  #289 U.S. HWY- 19 NORTH PALM HARBOR FL 34684  9 3 LEX IN 9 To N PA.  Du N E D IN-FF A 3 Y/L 9 8  681  682  Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Sections 607 0502 and 607 1508. Florida Statutes.  SIGNATURE  SIGNATURE  DL A R P PO L KEY  Specient speciel by restor are derigations agent and life rapposable. With probable to restor are derigations of Sections 607 0505. Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE DP DELETE 1:1 THE DP DELETE 1:1 THE DRAWE SELECTORS IN 12 2:2 MME  33 LEXINGTON DUNEDIN FL  WORKS, CINDY 22 MME  32 LEXINGTON DUNEDIN, FL 00000  DELETE 3:1 THE DELETE 3:1 THE DRAWE Addition  MAME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DELETE 3:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DELETE 4:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DELETE 4:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  CITY-ST-27P  DELETE 3:1 THE DRAWE Addition  A 2 MME  SIREFLADORESS  SIREFLAD	24 3468	· 4 25	29 3468	4 30	3					
POLINET, 10 MORTH PALM HARBOR FL 34684  PALM HARBOR FL 34684  PALM F PALM F PALM HARBOR FL 34684  PALM F PAL		9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	latered Agent		
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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE     24 A N E	POLU				81	Name				
SIGNATURE   DP		HUS. HWY. 19 NORTH 9 ?	LEXINATO	N DR	82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
SIGNATURE   DP	PAL	A HARBOR FL 34684	unit Diag	m. M						
SIGNATURE   DP   SEXINGERS   SIZENAGION   SOCIONS 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered agent. I am lamitar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE   DP   Signation speed or predict rame of registered agent and lite in pipe and the interpretation of the provisions of provided speed and lite in pipe and the interpretation of the provisions of the provisi	İ	ν			63					
11. Pursuant to the provisions of Sections 607 6020 and 607 1508, Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE	ı		3	7610	84	City	<u> </u>	FI. 85	Zip Code	
Agent. I am familiar with, and accept the obligations of, Sociolon 607,0505, Florida Statuties.  SIGNATURE  D	11. Pursuani i	to the provisions of Sections 607.0502	and 607.1508, Flori	da Statutes,	the above	e-named co	rporation submits this statement for the p	urpose of changing	ng its registered	
Signature, typoid for prince of registered agent and title if appricate with prince of the prince	office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such char tions of, Section 607.	nge was auth .0505, Florid	horized by la Statute:	y the corpora s.	ation's board of directors. I hereby accep	t the appointment	i as registered	
12.	SIGNATURE	DYANE R PO	LUKEY	ALOXE D						
DP				(NOTE: HI		eni eignature req			TORS IN 12	
NAME   POLUKEY, DUANE R.   1.2 MAME   93 LEXINGTON   1.3 STREET ADDRESS				FLETE			ADDITIONS/CHANGES TO OFFIC			
STREET ADDRESS   STREET ADDRESS   CHY-ST-ZIP		•,	р v	LLLIL					No Charles	
DUNEDIN FL						ADDRESS				
TITLE										
MORRIS, CINDY   93 LEXINGTON   22 NAME   23 STREET ADDRESS   54 CITY-ST-ZIP			Прі	ELETE		51.511		Char	nge Addition	
STREET ADDRESS   STREET ADDRESS   CHY-ST-ZIP   DUNEDIN, FL 00000   2.3 STREET ADDRESS   2.4 CHY-ST-ZIP	j	-,	_			}			· —	
City-St-ZiP   DUNEDIN, FL 00000						LADORESS	Au-			
TITLE										
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   34. CITY-ST-ZIP   Change   Addition			Di	ELETE	<del></del>	<u>,</u>		Char	nge Addition	
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   34. CITY-ST-ZIP   Change   Addition	NAME			·	3.2 NAME	ŀ				
STREET ADDRESS   STRE						T ADDRESS			\	
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME						**				
STREET ADDRESS			Di	ELETE				☐ Char	ige Addition	
City-St-zip         4.4 City-St-zip           Title         DELETE         5.1 Title         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-zip         5.4 City-ST-zip	NAME				4. 2 NAME					
City-St-ZiP         4.4 City-St-ZiP           TITLE         DELETE         5.1 Title         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-ST-ZIP         5.4 CITY-ST-ZIP	STREET ADDRESS				4.3 STREET	ADDRESS				
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY - ST - ZIP         5.4 CITY - ST - ZIP	CITY-ST-ZIP				4.4 CITY - 9	57-ZIP				
STREET ADDRESS CITY-SI-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE		Di	ELETE	5.1 TITLE			☐ Char	ige Addition	
CITY - SI - ZIP 5.4 CITY - ST - ZIP	NAME				5.2 NAME					
	STREET ADDRESS				5.3 STREET	T ADDRESS				
	CITY - S1 - ZIP			i	5.4 CITY-5	ST-ZIP				
TITLE . DELETE 6.1 TITLE			. D	ELETE	***************************************			☐ Char	ige Addition	
NAME 6.2 NAME	NAME				6.2 NAME	\ \ \ \			Ì	
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS				6.3 STREET	T ADDRESS				
City-St-ZiP 6.4 City-St-ZiP	CITY-ST-ZIP				6.4 CITY - 5	ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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: DUA NE SIGNATURE AND TYPEO OR PRINTED NAME OF SKONING OFFICE

2 /9 /91 813 · 444-2301