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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G37192 (3)

1. Corporation Name
TARPON LAKE MARINA, INC.

Principal Place of Business
37517 US 19 NORTH
4200 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

Mailing Address
37517 US 19 NORTH
4200 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684-1015



2. Principal Place of Business

21 37517 US 19 NORTH
Suite, Apt. #, etc.

22 City & State
PALM HARBOR FLA

23 Zip Country
34684

2a. Mailing Address

26 114 LAKESHORE DR. E
Suite, Apt. #, etc.

27 City & State
PALM HARBOR FLA

28 Zip Country
34684

3. Date Incorporated or Qualified
05/05/1983

3a. Date of Last Report
04/02/1996

4. FEI Number
59-2301189

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

POLUKEY, DUANE R.
4200 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

93 LEXINGTON DR
DUNEDIN, FLA
34698

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 DUANE R. POLUKEY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME POLUKEY, DUANE R.
STREET ADDRESS 93 LEXINGTON
CITY-ST-ZIP DUNEDIN FL

TITLE ST
NAME MORRIS, CINDY
STREET ADDRESS 93 LEXINGTON
CITY-ST-ZIP DUNEDIN, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DUANE R. POLUKEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/97 813-444-2307
Date Daytime Phone

CR2E034 (9/96)