Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90095 045 \*\*\*155.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G37192

1. Corporation Name

STREET ADDRESS

TARPON	LAKE MARINA, INC.					
Principal Place	e of Business	Mailing Address			E SONTHE BROK LIKE FROM HOLD HAVE AND AND REGIN DIGHT BEGIN DER BERN BERN BERN BERN BERN BERN BERN BE	
37517 US 19 N						
37317 US 19 N 3 <b>4208</b> -U.S. HWY		200 U.S. HWY. 19 NORTH				
PALM HARBOR FL 34684		PALM HARBOR FL 34684			DO NOT WRITE IN THIS SPACE	<u></u>
US		US			3. Date Incorporated or Qualifed	- 1
					05/05/1983	ł
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
27 375/7 US. 19. N.		26 4509 MITCHER R		2 8 4	59-2301189 Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	\$8.75 Additional	
22 PALM HARBOR FL		27			5. Certifcate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
<u> </u>	n 11000 0 F	28 NEW POAT RIC		VELA	Trust Fund Contribution Added to Fees	- }
23 PAL	Country Country	Zip	Coun	y / ~~ A	This corporation owes the current year Intangible	
	Du Go Dan Tuna			1360	Personal Property Tax.	Į
24 346	9. Name and Address of Current		<u> </u>	1000	10. Name and Address of New Registered Agent	$\dashv$
<del></del>	9. Name and Address of Current	Registered Agent		31 Name	10. Maine and Addition of New Hogisteries Highline	
D∩I I	UKEY, DUANE R.			וא פונו	IS A. POLUKEY	
· • • · · · · - · · · · · · · ·			1	32 Street Add	IE R. Pol. u./K.E./ Idress (P.O. Box Number is Not Acceptable)	
-114 LAKESHORE-DRIVE-E.			L	450	9 MITCHER Rd	
PALM-HARBOR,FLA			Į:	33	1 Dane	ļ
DUN	EDIN-FL 34684		ļ.	<u>りとい</u> 84 Citv	85 Zip Code	
				B4 City	/ FL 34652	
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Satutes.						d
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	Statut	es.	0000. 1/2/00	- }
SIGNATURE	DUANE RIPOLL	LKEY	$\mathbf{X}\mathcal{U}$	ane (	R. Politice 1/19	l l
	Signature, typed or printed name of registered agent		13.	gent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\dashv$
12.	OFFICERS AND	DELETE	1.1 TITL	c	☐ Change ☐ Add	_
TITLE	_					
NAME	POLUKEY, DUANE R.		1.2 NAM			
STREET ADDRESS	1			EET ADDRESS		ł
CITY-ST-ZIP	PALM HARBOR FL 34884 NEW PORTRICHEY 3463		2,4 Cm	/-ST-ZIP		
TITLE			2.1 TITL	E	Change Add	ition.
NAME	MORRIS, CINDY		2.2 NAM	IE		
STREET ADDRESS	AAA LAKEOHODE DOWE E		2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP			ĺ
TITLE	DELETE		3.1 TITLE		Change Add	ition
NAME			3.2 NAA	Æ		
STREET ADDRESS				EET ADDRESS		1
			l			
CITY-ST-ZIP		DELETE	4,1 T(TL	Y-ST-ZIP	☐ Change ☐ Add	lition
TITLE		C) DETE	1			
NAME			4. 2 NA	1		Ì
STREET ADDRESS			4.3 STR	EET ADORESS		
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP		
TITLE	DELÈTE		5.1 TITLE		☐ Change ☐ Add	itton
NAME			5.2 NAM	IE		J
STREET ADDRESS:			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	r-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E	Change Add	ition
			I			- 1

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 607, 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 empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: DUANE R. POL