

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

FILED
Jan 21 1997 8:00am
Secretary of State

DOCUMENT # **K83380**

(1)

1. Corporation Name

TARPON FLATS NO. 3, INC.



Principal Place of Business

**135 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1313**

Mailing Address

**135 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1313**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

01/22/1996

4. FEI Number

59-2944243

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

**HILL, WILLIAM H., JR.
2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Edward B. Lemaster

(NOTE: Registered Agent signature required when resigning)

JAN 9, 97

12.

OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **HIXON, JOSEPH M.**
STREET ADDRESS **2915 INDEPENDENCE SQUARE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE

NAME **SMITHWICK, WALTER (DR.)**
STREET ADDRESS **1801 BARRS ST., STE 600**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE

NAME **LEMASTER, EDWARD B. III**
STREET ADDRESS **135 PONTE VEDRA BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **ST** ☐ DELETE

NAME **LEMASTER, HARRIET**
STREET ADDRESS **135 PONTE VEDRA BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **D** ☐ DELETE

NAME **LOVETT, RADFORD**
STREET ADDRESS **129 PONTE VEDRA BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

TITLE ☐ DELETE

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 or on an attachment with an address.

SIGNATURE:

Edward B. Lemaster

JAN 97 904-285-6017

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

(P)

Daytime Phone #

CR2E034 (9/96)