


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90094 026 ****61.25

DOCUMENT # N00000005725	
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1. Entity Name
TARPON BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435 10TH ST NORTH SUITE 201 NAPLES, FL 34103	Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435 10TH ST NORTH SUITE 201 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3700593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTEGRATED PROPERTY MANAGEMENT 3435 10TH ST NORTH SUITE 201 NAPLES, FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, RICHARD	NAME	
STREET ADDRESS	1673 TARPON BAY DR SOUTH	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34119	CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHEE, DON	NAME	
STREET ADDRESS	1911 TARPON BAY DR NORTH	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34119	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARELLA, GERALD	NAME	
STREET ADDRESS	1646 TARPON BAY DR SUITE 202	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34119	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, TOM	NAME	DT
STREET ADDRESS	1778 TARPON BAY DR S #101	STREET ADDRESS	Gray, Paul
CITY - ST - ZIP	NAPLES, FL 34119	CITY - ST - ZIP	2024 Tarpon Bay Dr. N., #202
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, CAROL	NAME	
STREET ADDRESS	1720 TARPON BAY DR SUITE 103	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34119	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

(239) 659-576

Daytime Phone #