


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90069 043 ****61.25

DOCUMENT # N00000005732					
1. Entity Name NEPTUNE BAY AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business TARPON BAY COMMUNITY ASSC 2050 CASTAWAY COURT NAPLES, FL 34119			Mailing Address TARPON BAY COMMUNITY ASSC 2050 CASTAWAY COURT NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box # c/o Integrated Property Mgmt.		3. Mailing Address c/o Integrated Property Mgmt.			
Suite, Apt. #, etc. 3435 - 10th Street N., #201		Suite, Apt. #, etc. 3435 - 10th Street N., #201			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country	Zip 34103	Country	4. FEI Number 59-3687120	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET NORTH, SUITE 201 NAPLES, FL 34103			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VP	NAME CAMPBELL, ARNOLD		<input type="checkbox"/> Delete		
STREET ADDRESS 1664 TARPON BAY DRIVE S, #103	CITY-ST-ZIP NAPLES, FL 34119		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME COFIELD, ROBERT		<input type="checkbox"/> Delete		
STREET ADDRESS 1728 TARPON BAY DR SOUTH, # 203	CITY-ST-ZIP NAPLES, FL 34119		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME GILBERT, ANN		<input type="checkbox"/> Delete		
STREET ADDRESS 1690 TARPON BAY DR SOUTH # 103	CITY-ST-ZIP NAPLES, FL 34119		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Arnold T. Campbell</i> ARNOLD T. CAMPBELL (VP) 3-11-07 248-476-8732					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					