

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005732

FILED
Apr 23, 2008
Secretary of State

Entity Name: NEPTUNE BAY AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT.
3435 10TH STREET N. #201
NAPLES, FL 34103

New Principal Place of Business:

2050 CASTAWAYS COURT
NAPLES, FL 34119

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT.
3435 10TH STREET N. #201
NAPLES, FL 34103

New Mailing Address:

2050 CASTAWAYS COURT
NAPLES, FL 34119

FEI Number: 59-3687120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH, SUITE 201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

IANNONE, ANTHONY E CAM
2050 CASTAWAYS COURT
NAPLES, FL 34119 US

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.

SIGNATURE: ANTHONY E. IANNONE

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CAMPBELL, ARNOLD
Address: 1664 TARPON BAY DRIVE S, #103
City-St-Zip: NAPLES, FL 34119

Title: PD () Delete
Name: COFIELD, ROBERT
Address: 1728 TARPON BAY DR SOUTH, # 203
City-St-Zip: NAPLES, FL 34119

Title: STD () Delete
Name: GILBERT, ANN
Address: 1690 TARPON BAY DR SOUTH # 103
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/V (X) Change () Addition
Name: CAMPBELL, ARNOLD
Address: 1664 TARPON BAY DRIVE S, #103
City-St-Zip: NAPLES, FL 34119

Title: P (X) Change () Addition
Name: COFIELD, ROBERT
Address: 1728 TARPON BAY DR SOUTH, # 203
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change () Addition
Name: LABESKY, ANDREW
Address: 1732 TARPON BAY DR. S. #102
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB COFIELD

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date