

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001086

FILED
Feb 05, 2009
Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF TARPON COVE, INC.

Current Principal Place of Business:

2600 WEST MARION AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-1095149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRIS
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALCAUSKI, RAY
Address: 2585 TARPON COVE DR, #1322
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD () Delete
Name: MUSSELMAN, JIM
Address: 143 TROPICANA DRIVE, #1012
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: INTRESS, BOB
Address: 2610 TARPON COVE DRIVE #422
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD () Delete
Name: SCHWARCK, KAREN
Address: 2580 TARPON COVE DR #911
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: WINKEL, BILL
Address: 2580 TARPON COVE DRIVE, #921
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BALCAUSKI, RAY
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change () Addition
Name: PECORARO, CHRIS
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: SD (X) Change () Addition
Name: INTRESS, BOB
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: TD (X) Change () Addition
Name: SCHWARCK, KAREN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D (X) Change () Addition
Name: WINKEL, BILL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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: RAY BALCAUSKI

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date