## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005990

FILED Feb 11, 2009 Secretary of State

Entity Name: TARPON POINT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5902 SILVER KING BLVD CAPE CORAL, FL 33914 US

Current Mailing Address: New Mailing Address:

15065 MCGREGOR BLVD., SUITE 108 FT. MYERS, FL 33908 US

FEI Number: 55-0790409 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINER, STEVEN I 2320 FIRST ST., SUITE 1000 FT. MYERS, FL 339012904 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:

Electronic Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: S (X) Change ( ) Addition Name: MCCARTY, MICHAEL Name: MCCARTY, MICHAEL

Address: 15065 MCGREGOR BLVD, STE. 108 Address: 15065 MCGREGOR BLVD, STE. 108

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete Title: VP/T (X) Change ( ) Addition

Name: OORLOG, GLENN Name: OORLOG, GLENN

Address: 15065 MCGREGOR BLVD., SUITE 108 Address: 15065 MCGREGOR BLVD., SUITE 108

City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908

Title: P ( ) Change (X) Addition

Name: JIM, CRUMBIE

Address: Address: 15065 MCGREGOR BLVD., SUITE 108

City-St-Zip: City-St-Zip: FT. MYERS, FL 33908

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: GLENN OORLOG VP 02/11/2009