

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90039 012 \*\*\*\*61.25

<b>DOCUMENT # N02000005996</b>					
<b>1. Entity Name</b> TARPON POINT ESTATE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5850 SILVER KING BLVD CAPE CORAL, FL 33914 US			<b>Mailing Address</b> 15065 MCGREGOR BOULEVARD SUITE 108 FORT MYERS, FL 33908 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		<b>40044815</b>  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042008 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 55-0790391	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WINER, STEVEN I ROETZEL & ANDRESS 2320 FIRST STREET, SUITE 1000 FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENSLEY, ROBERT D 15065 MCGREGOR BLVD., SUITE 108 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUMBIE, JAMES 15065 MCGREGOR BLVD, STE 108 FT MYERS, FL <del>33908</del> 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OORLOG, GLENN 15065 MCGREGOR BLVD, STE 108 FORT MYERS, FL <del>33908</del> 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael McCarty 15065 McGregor Blvd, Ste 108 Fort Myers FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glen P Oorlog, Director	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/13/08 239-437-5207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date _____ Daytime Phone # _____					