## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90162 032 \*\*\*\*61.25

Daytime Phone #

1. Entity Nam	e MES AT	# N02000000 TARPON GARDE IC.		NDOMINIUM			0.	-02-2000 9010.	2 032 61	1.23
9411 CYPRESS LAKE DR 9. SUITE 2 SI FORT MYERS, FL 33919 US FO				Mailing Address 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919 US						
2. Principal Place of Business 3. M			3. Mai	Mailing Address				<b>                                    </b>		(K  N)   181
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			03282006 Ch	g-NP CR2	2E037 (11/05)	
City & State			Cit	City & State			4. FEI Number 55-0790376			oplied For ot Applicable
Zip Country			Ziş	)	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Register			Registere	ed Agent			7. Name and Address of New Registered Agent			
CDUZ BD	VANI				Name					
CRUZ, BRYAN 9411 CYPRESS LAKE DR SUITE 2				Street Address (			P.O. Box Number is N	lot Acceptable)		
FORT MYERS, FL 33919										
				City					FL Zip Cod	е
	ions of regis	Submits this statement if thered agent.  door printed name of registered agen			registered office of				am familiar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		heck payable t epartment of S	
10.	r	OFFICERS AND D	IRECTORS		11.	···	ADDITIONS/CHANG	ES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5928 TAI	A, GERALD RPON GARDENS CIR, DRAL, FL 33914	#101	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delete TIII FREE, JEFF 5924 TARPON GARDENS CIR, #202 CAPE CORAL, FL 33914									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Delete T PASCHKE, WILLIAM 5932 TARPON GARDENS CIR, #101 CAPE CORAL, FL 33914					5900	☐ Change 🖄 Addition dford Smith 0 Tarpon Gardens Cir #102 be Coral, Fl 33914			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deletê	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
12. I hereby indicated	certify that t I on this rep	he information supplied wi ort or supplemental report the receiver or trustee em trackment with an addrese	ith this filing	does not qualify for	or the exemptions of my signature shall tas required by Ch	contained	d in Chapter 119, Flo same legal effect as 7, Florida Statutes; ar	rida Statutes. I further if made under oath; the nd that my name appe	r certify that the in hat I am an office ears in Block 10 o	nformation r or director or Block 11 if