## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N02000006003**

1. Entity Name



**FILED** May 03, 2007 08:00 A Secretary of State

	OMES AT TARPON GARDEN ATION, INC.	NS CONDOMINIUM						
9411 CYPRESS LAKE DR 941 SUITE 2 SUIT		Mailing Address 9411 CYPRESS LAKE DI SUITE 2 FORT MYERS, FL 3391		I COREINO DI BORG				<b>ili il ili</b> i
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (1	12/06)	
City & State		City & State	City & State		6			olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		75 Addi Required	
	6. Name and Address of Current R	Registered Agent		7. Name and Add	ress of New Re	gistered Ager	nt	
00112 00	NAM.		Name					į
SUITE 2	RESS LAKE DR		Street Addres	ess (P.O. Box Number is 1	Not Acceptable	)		
FORT MY	ERS, FL 33919		City			FL	Zip Code	,
	named entity submits this statement for lions of registered agent.	the purpose of changing its	registered office or regi	istered agent, or both, in	the State of Fior		liar with, a	and accept
SIGNATURE .		nd title if applicable. (NOTE	: Registered Agent signature reg	outred when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a		: Registered Agent signature req		M	<del></del>	yable to	
SIGNATURE	Signature, typed or printed name of registered agent at FHing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Fiori	ake check pa ida Departme	nt of St	ate
10.	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be	Fiori	ake check pa ida Departme	nt of Sta	10
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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.

**SIGNATURE:** 

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR