

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007374

FILED  
Mar 26, 2006  
Secretary of State

**Entity Name:** TARPON RIVER VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

411 S.W. 8TH STREET, #11  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

709 SW 4TH AVE  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

411 S.W. 8TH STREET, #11  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

709 SW 4TH AVENUE  
FORT LAUDERDALE, FL 33315

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WOOD, SHANNON  
717 SW 4TH AVENUE, #8  
FORT LAUDERDALE, FL 33315      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:                      D                      ( ) Delete  
Name:                      WOOD, SHANNON  
Address:                      717 SW 4TH AVE  
City-St-Zip:                      FORT LAUDERDALE, FL 33315

Title:                      S                      ( ) Delete  
Name:                      MILLER, DAVID  
Address:                      709 S.W. 4TH AVENUE  
City-St-Zip:                      FORT LAUDERDALE, FL 33315

Title:                      T                      ( ) Delete  
Name:                      IRVINE, KATHERINE  
Address:                      411 S.W. 8TH PLACE  
City-St-Zip:                      FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON WOOD

PRES

03/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date