

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 034 ****61.25

DOCUMENT # N02000007374

1. Entity Name

TARPON RIVER VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

709 SW 4TH AVE
FORT LAUDERDALE FL 33315

Mailing Address

709 SW 4TH AVENUE
FORT LAUDERDALE FL 33315

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2001

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33394

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, SHANNON
717 SW 4TH AVENUE, #8
FORT LAUDERDALE FL 33315

Name

DAVID BURGESS

Street Address (P.O. Box Number is Not Acceptable)

ONE FINANCIAL PLAZA

SUITE 2001

City

FT. LAUDERDALE

FL

Zip Code

33394

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID BURGESS

2/8/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WOOD, SHANNON 717 SW 4TH AVE FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MILLER, DAVID 709 S.W. 4TH AVENUE FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T IRVINE, KATHERINE 411 S.W. 8TH PLACE FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shannon Wood

3-21-07

954 661-2438