FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02693

1. Corporation Name: Tarponaire Mobile Homeowners Assoc. Inc.
38791 US Hwy 19N Lot 932
Tarpon Springs, Fl 34689-9463

Principal Place of Business | Mailing Address

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2397142	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Harriet Dibble
38791 US Hwy 19N Lot701
Tarpon Springs, FL 34689

10. Name and Address of New Registered Agent

81 Name: Maxine Dugay
82 Street Address (P.O. Box Number is Not Acceptable): 38791 US Hwy 19N Lot 936
83
84 City: Tarpon Springs FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Maxine R. Dugay — 4-23-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Phil Nadeau 38791 US Hwy 19N Lot 824 Tarpon Springs, FL 34689 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Phil Nadeau 38791 US Hwy 19N Lot 824 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Rocky Cavalier 38791 US Hwy 19N Lot Tarpon Springs, FL 34689 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Tom Kearns 38791 US Hwy 19N Lot301 Tarpon Springs, FL 34698 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Acting Secretary MaryAlice Gebo 38791 US Hwy 19N Lot 932 Tarpon Springs, FL 34689 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer MaryAlice Gebo 38791 US Hwy 19N Lot 932 Tarpon Springs, FL 34689 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald Gebo 38791 US Hwy 19N Lot 932 Tarpon Springs, FL 34689 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	100001805941 -05/03/96--01004--035 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Albert Ratkiewich 38791 US Hwy 19N Tarpon Springs, FL 34689 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MaryAlice Gebo — 4-18-96 — (813) 934-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #