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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N02693 (2)

1. Corporation Name
TARPONAIRE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
38791 US HWY 19N LOT 932 TARPON SPRINGS FL 34689-9463	38791 US HWY 19N LOT 932 TARPON SPRINGS FL 34689-9463

3. Date Incorporated or Qualified: 04/23/1984

4. FEI Number: 59-2397142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 38791 US 19N	26 38791 US 19N
22 Suite, Apt. #, etc. LOT 809	27 Suite, Apt. #, etc. LOT 809
23 City & State TARPON SPRINGS FL	28 City & State TARPON SPRINGS FL
24 Zip 34689 25 Country PINELLAS	29 Zip 34689 30 Country PINELLAS

9. Name and Address of Current Registered Agent

DUGAY, MAXINE
38791 US HWY 19N LOT 936
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Ruth Holtz
82 Street Address (P.O. Box Number is Not Acceptable): 38791 US Hwy 19N Lot 1002
83
84 City: Tarpon Springs FL 85 Zip Code: ~~34698~~ 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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: Ruth L. Holtz — 3-19-1998
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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	NADEAU, PHIL		1.2 NAME	MaryAlice Gebo	
STREET ADDRESS	38791 US HWY 19N LOT 824		1.3 STREET ADDRESS	38791 US Hwy 19N Lot 932	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	NADEAU, PHILIP		2.2 NAME	Richard Nash	
STREET ADDRESS	38791 US HWY 19 N #702		2.3 STREET ADDRESS	38791 US Hwy 19N Lot 938	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	CAVALIER, ROCKY		3.2 NAME	Roger Verrell	
STREET ADDRESS	38791 US HWY 19N LOT		3.3 STREET ADDRESS	38791 US Hwy 19N Lot 110	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	GEBO, MARYALICE		4.2 NAME	Dolores Seitz	
STREET ADDRESS	38791 US HWY 19 NO #932		4.3 STREET ADDRESS	38791 US Hwy 19N Lot 809	
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GEBO, RONALD		5.2 NAME		
STREET ADDRESS	38791 US HWY 19N LOT 932		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RATKIEWICH, ALBERT		6.2 NAME	Joseph Seitz	
STREET ADDRESS	38791 US HWY 19N		6.3 STREET ADDRESS	38791 US Hwy 19N Lot 809	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		6.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dolores A Seitz — 4/20/98 813-937-5584