

FILE NOW: FILING FEE IS \$61.25

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90049 001 ****61.25

0072398

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N02693

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 **ROGER VERRELL**
 82 Street Address (P.O. Box Number is Not Acceptable)
38791 U.S. 19N LOT 110
 83 **TARPON SPRINGS**
 84 City **FL** 85 Zip Code **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

Roger Verrell **ROGER VERRELL**

4/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	GEBO, M A	
STREET ADDRESS	38791 US HWY 19N LOT 824	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	☐ DELETE
NAME	NASH, R	
STREET ADDRESS	38791 US HWY 19 N #702	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VP	☒ DELETE
NAME	VERRELL, R	
STREET ADDRESS	38791 US HWY 19N LOT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	☐ DELETE
NAME	SEITZ, D	
STREET ADDRESS	38791 US HWY 19 NO #932	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☒ DELETE
NAME	GEBO, RONALD	
STREET ADDRESS	38791 US HWY 19N LOT 932	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	☐ DELETE
NAME	SEITZ, J	
STREET ADDRESS	38791 US HWY 19N	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	ROGER VERRELL	
1.3 STREET ADDRESS	38791 US 19N LOT 110	
1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	MARION POSTELL	
2.3 STREET ADDRESS	38791 US 19N LOT 702	
2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	MARILYN IREY	
3.3 STREET ADDRESS	38791 US 19N LOT 234	
3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	DOLORES SEITZ	
4.3 STREET ADDRESS	38791 US 19N LOT 809	
4.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	DAVE DAVIES	
5.3 STREET ADDRESS	38791 US 19N LOT 901	
5.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	THOMAS REED	
6.3 STREET ADDRESS	38791 US 19N LOT 919	
6.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	

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, with all other like empowered.

SIGNATURE:

Dolores Seitz **DOLORES SEITZ**

4/30/99

727-937-5584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)