



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90118 036 \*\*\*\*70.00

<b>DOCUMENT # N02693</b> 1. Entity Name <b>TARPONAIRE MOBILE HOMEOWNERS ASSOCIATION, INC.</b>																																																																																																											
Principal Place of Business <b>38791 US 19 N LOT 936 TARPON SPRINGS, FL 34689</b>			Mailing Address <b>38791 US 19 N LOT 1006 TARPON SPRINGS, FL 34689</b>																																																																																																								
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																									
City & State		City & State		03172005 Chg-NP CR2E037 (10/03)																																																																																																							
Zip		Country		4. FEI Number <b>59-2397142</b>																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																									
6. Name and Address of Current Registered Agent  <b>BOIKO, RITA B 38791 US 19 N LOT 1006 TARPON SPRINGS, FL 34689</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																								
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 <u><i>Rita B Boiko</i></u> <span style="float: right;"><i>TREASURER</i> / <i>REGISTERED AGENT 3-17-05</i></span> <small>Signature, typed or printed name of registered agent when applicable. (NOTE: Registered Agent signature required when constituting)</small>																																																																																																											
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																							
<b>Make check payable to Florida Department of State</b>																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P MILLER, GARY</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">38791 US 19 N LOT 939</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TARPON SPRINGS, FL 34689</td> </tr> <tr> <td>TITLE</td> <td>V GYDE, GEORGE</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">38791 US 19 N LOT 810</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TARPON SPRINGS, FL 34689</td> </tr> <tr> <td>TITLE</td> <td>S IREY, MARILYN</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">38791 US 19 N LOT 234</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TARPON SPRINGS, FL 34689</td> </tr> <tr> <td>TITLE</td> <td>T BOIKO, RITA B</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">38791 US 19 N LOT 1006</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TARPON SPRINGS, FL 34689</td> </tr> <tr> <td>TITLE</td> <td>D POLL, CLIFFORD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">38791 US 19 N LOT 608</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TARPON SPRINGS, FL 34689</td> </tr> <tr> <td>TITLE</td> <td>D MORRISON, SAM</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">38791 US HWY 19N LOT 502</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TARPON SPRINGS, FL 34689</td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </div> </div>						TITLE	P MILLER, GARY	<input type="checkbox"/> Delete	STREET ADDRESS	38791 US 19 N LOT 939		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	V GYDE, GEORGE	<input type="checkbox"/> Delete	STREET ADDRESS	38791 US 19 N LOT 810		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	S IREY, MARILYN	<input type="checkbox"/> Delete	STREET ADDRESS	38791 US 19 N LOT 234		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	T BOIKO, RITA B	<input type="checkbox"/> Delete	STREET ADDRESS	38791 US 19 N LOT 1006		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	D POLL, CLIFFORD	<input type="checkbox"/> Delete	STREET ADDRESS	38791 US 19 N LOT 608		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	D MORRISON, SAM	<input type="checkbox"/> Delete	STREET ADDRESS	38791 US HWY 19N LOT 502		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 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: <u><i>Rita B Boiko</i></u> <span style="float: right;"><i>3-17-05</i>    <i>727-938-4846</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																											