



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 041 ****70.00

DOCUMENT # N02693 1. Entity Name TARPONAIRE MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 38791 US 19 N LOT 936 TARPON SPRINGS, FL 34689			Mailing Address 38791 US 19 N LOT 1006 TARPON SPRINGS, FL 34689		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 38791 U.S. 19 N LOT 936		 01112006 Chg-NP CR2E037 (11/05)	
City & State TARPON SPRINGS, FL.		City & State TARPON SPRINGS, FL.			
Zip 34689		Country USA			
4. FEI Number 59-2397142		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BOIKO, RITA B 38791 US 19 N LOT 1006 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name MILLER, GARY Street Address (P.O. Box Number is Not Acceptable) 38791 U.S. 19 N LOT #936 TARPON SPRINGS, FL 34689 City FL Zip Code		
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>Gary Miller</i></u> DATE <u>1/11/06</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MILLER, GARY 38791 US 19 N LOT 939 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GYDE, GEORGE 38791 US 19 N LOT 810 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IREY, MARILYN 38791 US 19 N LOT 234 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOIKO, RITA B 38791 US 19 N LOT 1006 TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLL, CLIFFORD 38791 US 19 N LOT 608 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, SAM 38791 US HWY 19N LOT 502 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOT 936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 Chapter 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: *Gary Miller*