2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N02693

Entity Name: TARPONAIRE MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

38791 US 19 N
LOT 810
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

38791 US 19 N
LOT 810
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2397142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GYDE, GEORGE
38791 US 19 N
LOT 810
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	BRINKERHOFF, VERN	
Address:	38791 US 19 N LOT 814	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	P	( ) Delete
Name:	GYDE, GEORGE	
Address:	38791 US 19 N LOT 810	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	S	( ) Delete
Name:	IREY, MARILYN	
Address:	38791 US 19 N LOT 234	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	TD	( ) Delete
Name:	MAVIS, CHARLENE	
Address:	38791 US 19 N-LOT 924	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	DUFFIELD, BOB	
Address:	38791 US 19 N-LOT 924	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	HIGBEE, MARTY	
Address:	38791 US 19N-LOT 808	
City-St-Zip:	TARPON SPRINGS, FL 34689	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE MAVIS TREA 03/04/2009

Electronic Signature of Signing Officer or Director — Date