

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008482

FILED
Apr 29, 2009
Secretary of State

Entity Name: VILLAGE OF LAKE TARPON, INC.

Current Principal Place of Business:

43 VILLAGE GREEN WAY
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

C/O AMERI-TECH REALTY INC
P.O. BOX 14357
CLEARWATER, FL 33766

New Mailing Address:

AMERI-TECH REALTY INC
P.O. BOX 14357
CLEARWATER, FL 33766

FEI Number: 55-0881305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERI-TECH REALTY, INC.
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

AMERI-TECH REALTY, INC.
24701 US HIGHWAY 19 N #102
CLEARWATER, FL 33763 US

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: MICHAEL G PEREZ, PRESIDENT

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLOAN, JUNE
Address: 40 HARBOR WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: YOUNG, JUDY
Address: 205 PHILADELPHIA BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: RUDICK, BARBARA
Address: 143 INDEPENDENCE AVENUE
City-St-Zip: PALM HARBOR,, FL 34684

Title: TD () Delete
Name: ANDERSON, SUE
Address: 260 INDEPENDENCE AVE
City-St-Zip: PALM HARBOR,, FL 34684

Title: D () Delete
Name: ORTENGREN, DICK
Address: 26 LEXINGTON COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: HILL, PATTY
Address: 301 COLONIAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

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
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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: JUNE SLOAN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date