

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012943

FILED  
Jul 12, 2006  
Secretary of State

**Entity Name:** TARPON INN RESORT CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

110 WEST TARPON DRIVE  
TARPONSPRINGS, FL 34689

**New Principal Place of Business:**

110 WEST TARPON AVENUE  
TARPONSPRINGS, FL 34689

**Current Mailing Address:**

110 WEST TARPON DRIVE  
TARPONSPRINGS, FL 34689

**New Mailing Address:**

110 WEST TARPON AVENUE  
TARPONSPRINGS, FL 34689

**FEI Number:** 20-3500813      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHRISTNER, ALAN S JR.  
350 GULF BOULEVARD  
INDIAN ROCKS BEACH, FL 33785      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: PSTD      ( ) Delete  
Name: LOWE, CHARLES F  
Address: 9828 62ND TERRACE N  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D      ( ) Delete  
Name: LOWE, SHARON  
Address: 9828 62ND TERRACE N  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D      ( ) Delete  
Name: CHRISTNER, ALAN S JR.  
Address: 350 GULF BOULEVARD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMANTHA HILL

AGM

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date