

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90155 021 ****61.25

DOCUMENT # N06000002025

1. Entity Name
TARPON HARBOR II AT MYAKKA POINTE
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

Mailing Address
5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

40054130



2. Principal Place of Business - No P.O. Box #
4100 Riverwood Dr.

3. Mailing Address
12671 Whitehall Dr.

Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

City & State
Pt. Charlotte, FL

City & State
Ft. Myers, FL

Zip
33953

Country
USA

Zip
33907

Country
USA

4. FEI Number
20-4496370

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUEMLER, TIMOTHY J
5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

7. Name and Address of New Registered Agent
Myers Brett Holtz & Co.
Street Address (P.O. Box Number is Not Acceptable)
12671 Whitehall Dr.
City Ft. Myers FL Zip Code 33907

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD HALLORAN, DAN 5801 PELICAN BAY BLVD. STE 600 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brett Broszeit 4100 Riverwood Dr. Pt. Charlotte, FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARHAM, JOHN 4100 RIVERWOOD DRIVE PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Carey 4100 Riverwood Dr. Pt. Charlotte, FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LACEY, JEFF 4100 RIVERWOOD DRIVE PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT Maureen Schwede 4651 Club Dr. Pt. Charlotte, FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-23-08

Daytime Phone #