

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000002025

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



FILED

08 DEC 19 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4100 RIVERWOOD DR
PORT CHARLOTTE, FL 33953

Mailing Address
12671 WHITEHALL DR
FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

11212008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

MYERS BRETHOLTZ, CO.
12671 WHITEHALL DR
FORT MYERS, FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR is \$61.25

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 P
NAME BROGGEIT, BRETT
STREET ADDRESS 4100 RIVERWOOD DR
CITY-STATE-ZIP PORT CHARLOTTE, FL 33953 ☒ Delete

TITLE P
NAME Mike Woolery
STREET ADDRESS 4250 Riverwood Dr.
CITY-STATE-ZIP Ft. Charlotte, FL 33953 ☐ Change ☒ Addition

TITLE VP
NAME CAREY, PAUL
STREET ADDRESS 4100 RIVERWOOD DR
CITY-STATE-ZIP PORT CHARLOTTE, FL 33953 ☒ Delete

TITLE VP
NAME Christina Henderson
STREET ADDRESS 4250 Riverwood Dr.
CITY-STATE-ZIP Ft. Charlotte, FL 33953 ☐ Change ☒ Addition

TITLE ST
NAME SCHWEDE, MAUREEN
STREET ADDRESS 4681 CLUB DR
CITY-STATE-ZIP PORT CHARLOTTE, FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
200139209522
12/22/08--01060--001 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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:

Mike Woolery MIKE WOOLERY

11/21/08

941-343-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #