2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N06000002025

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

Current Principal Place of Business:

4100 RIVERWOOD DR
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

4250 RIVERWOOD DR
PORT CHARLOTTE, FL 33953

Current Mailing Address:

12671 WHITEHALL DR
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-4496370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYERS BRETTHOLTZ, CO.
12671 WHITEHALL DR
FORT MYERS, FL 33907 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: P ( ) Delete
Name: WOOLERY, MIKE
Address: 4250 RIVERWOOD DR.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: V ( ) Delete
Name: HENDERSON, CHRISTINA
Address: 4250 RIVERWOOD DR.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: WOOLERY, MIKE
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: V/D (X) Change ( ) Addition
Name: HENDERSON, CHRISTINA
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: ST/D ( ) Change (X) Addition
Name: ANDERSON, DAVID
Address: 4250 RIVERWOOD DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

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: MICHAEL WOOLERY P/D 04/17/2009

Electronic Signature of Signing Officer or Director — Date