

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90010 013 \*\*\*\*70.00

<b>DOCUMENT # N07000009987</b>					
<b>1. Entity Name</b> TARPON WOODS ACTION COMMITTEE, INC.					
<b>Principal Place of Business</b> 800 TARPON WOODS BLVD., STE. E-1 PALM HARBOR, FL 34685			<b>Mailing Address</b> 800 TARPON WOODS BLVD., STE. E-1 PALM HARBOR, FL 34685		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
03172008 Chg-NP				CR2E037 (12/06)	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAW OFFICE OF LAURALEE G. WESTINE, PA 800 TARPON WOODS BLVD., STE. E-1 PALM HARBOR, FL 34685				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> <i>L. Westine</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>DATE</b> 4/22/08                 </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> TRECASTELLI, JOHN 2279 TONIWOOD LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> EWING, DON BRIAN RD. N. PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> DAVIS, ARTHUR 2220 PALMER PLACE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> HAMILTON, MYRNA 2280 TONIWOOD LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BAUER, SHARRON 2215 TONIWOOD LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HALFON, BERNICE 110 ANNWOOD RD. PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> ARTHUR DAVIS 2220 PALMER PL PALM HARBOR, FL 34685 <span style="float: right;"> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     </span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> RICHARD MACCIOLLO 2048 MARY LANE PALM HARBOR, FL 34685 <span style="float: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     </span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>F. GENE RALLS</b> SECRETARY 1926 PALM AVE WAY PALM HARBOR, FL 34685 <span style="float: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     </span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> ATTILIO CORBO 3442 TANGLERWOOD TERR PALM HARBOR, FL 34685 <span style="float: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     </span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> SHARRON BAUER 2215 TONIWOOD LANE PALM HARBOR, FL 34685 <span style="float: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     </span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> RAY JACOBS 3120 TANGLERWOOD TRAIL PALM HARBOR, FL 34685 <span style="float: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     </span>				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Arthur Davis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					