

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09967

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** TARPON RUN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7145 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

7145 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-2973925      **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:**

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

BURK, MARIA M  
71 S DIXIE HWY #6  
SAINT AUGUSTINE, FL 32084      US

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: PTD      ( ) Delete  
Name: GATES, ROBERT  
Address: 7145 A1A SOUTH, 23  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D      (X) Delete  
Name: ASHCROFT, STEPHEN  
Address: 7145 A1A S 42  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D      ( ) Delete  
Name: SCHER, KEN  
Address: 261 SAN NICHOLAS WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD      ( ) Delete  
Name: JONES, NOREEN  
Address: 7145 A1A SOUTH, 14  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD      (X) Change ( ) Addition  
Name: SCHER, KEN  
Address: 261 SAN NICHOLAS WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT GATES

PTD

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date