2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# N09967

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:

C/O THE PRINT SHOP 71 S. DIXIE HIGHWAY #6
SAINT AUGUSTINE, FL 32084

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:

BURK, MARIA M
71 S DIXIE HWY #6
SAINT AUGUSTINE, FL 32084 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: PTD ( ) Delete
Name: GATES, ROBERT
Address: 7145 A1A SOUTH, 23
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD ( ) 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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DVP ( ) Change (X) Addition
Name: MCCANN, ELIZABETH
Address: 7145 A1A SOUTH, 43
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Change (X) Addition
Name: BAMBERG, JONATHAN
Address: P O BOX 3247
City-St-Zip: ST AUGUSTINE, FL 32085

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 DP 08/19/2009

Electronic Signature of Signing Officer or Director — Date