

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09967

**FILED**  
**Oct 11, 2010**  
**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:**

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

**New Mailing Address:**

**FEI Number:** 59-2973925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: MARIA M BURK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DS  
Name: BAMBERG, JONATHAN  
Address: POST OFFICE BOX 3247  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: ROBERT GATES

PRES

10/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date