FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
95 APR 12 PM 12:14

DOCUMENT # **N10473** (9)

1. Corporation Name

TARPON RIVER CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 S.W. 6TH STREET P.O. BOX 1331 FT LAUDERDALE FL 33302-1331	~~801 S.W. 6TH STREET~~ P.O. BOX 1331 FT LAUDERDALE FL 33302-1331

PLEASE NOTE DELETION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26) P.O Box 1331
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27) FT. LAUDERDALE FL.
City & State (23)	City & State (28) 33302
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 40-2071184 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LATONA, JOHN 315 S.E. 7TH STREET, SUITE 200 FT LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	GLAND, AUDREY	12 NAME	BONNIE BIBEY	
STREET ADDRESS	630 SW 5 AVE	13 STREET ADDRESS	304 SW 11 CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	S	21 TITLE	S	☐ Change ☐ Addition
NAME	CUMMINGS, NAOMI	22 NAME	SARAH SLOCUM	
STREET ADDRESS	504 SW 11 CT	23 STREET ADDRESS	1126 SW 8TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	HALSEY, NORMA	32 NAME		
STREET ADDRESS	821 S.W. 8TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	HORN, SARA	42 NAME		
STREET ADDRESS	611 S.W. 11TH COURT	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HILBURN, FLO	52 NAME		
STREET ADDRESS	1001 SW 4 AVE	53 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SHIPMAN, BOB	62 NAME		
STREET ADDRESS	414 SW 10TH ST	63 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma Halsey NORMA HALSEY 3/6/95 305-524-7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000539