

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 047 \*\*\*\*61.25

**DOCUMENT # N10473**

1. Entity Name  
TARPON RIVER CIVIC ASSOCIATION, INC.



Principal Place of Business  
602 S.W. 8TH STREET  
P.O. BOX 1331  
FT LAUDERDALE, FL 33315

Mailing Address  
PO BOX 1331  
P.O. BOX 1331  
FT LAUDERDALE, FL 33302 US

**50018904**



01132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
40-2071184

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LATONA, JOHN  
315 S.E. 7TH STREET, SUITE 200  
FT LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROSE, DAVID  
STREET ADDRESS 701 COCONUT DR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE S  
NAME MARSHALL-REESE, GLORIA  
STREET ADDRESS 627 SW 11TH COURT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE ☒  
NAME PARK, SCOTT  
STREET ADDRESS 711 SW 11TH ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE ☒ VP  
NAME MORGAN, REID  
STREET ADDRESS 911 SW 9TH AVE.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE D  
NAME HORN, SARA  
STREET ADDRESS 611 SW 11TH CT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE T  
NAME GOREY, REBECCA J  
STREET ADDRESS 522 SW 11TH CT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rebecca J. Covey

4-28/06

954 763 4308