2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N13312

Entity Name: TARPON FLATS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

81250 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 254
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 74-2488001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESHELMAN, TIM
81250 OVERSEAS HWY
ISLAMORADA, FL 33036 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: P ( ) Delete
Name: ESHELMAN, TIM
Address: 142 N. MAIN STREET
City-St-Zip: ROANOKE, IN 46783 US

Title: D ( ) Delete
Name: HUDSON, JOE,
Address: P O BOX 2050
City-St-Zip: ISLAMORADA, FL 33036 US

Title: D ( ) Delete
Name: DOW, PETE
Address: 6 TARPON FLATS P O BOX 254
City-St-Zip: ISLAMORADA, FL 33036 US

Title: D (X) Delete
Name: COE, GEORGE
Address: 89 SLEEPY HOLLOW RD.
City-St-Zip: RED BANK, NJ 07701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: COE, GEORGE
Address: 89 SLEEPY HOLLOW ROAD
City-St-Zip: RED BANK, NJ 07701 US

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: TIM ESHELMAN P 01/31/2008

Electronic Signature of Signing Officer or Director — Date