


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90047 004 \*\*\*\*61.25

<b>DOCUMENT # N14459</b>	
1. Entity Name <b>TARPON WOODS NO. 4A CONDOMINIUM ASSOCIATION, INC</b>	

Principal Place of Business <b>3800 JOSIE LANE #4 PALM HARBOR, FL 34685-2203</b>	Mailing Address <b>3800 JOSIE LANE #3 PALM HARBOR, FL 34685-2203</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10001307



01232005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2675644</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNUNG, JOHN 3800 JOSIE LANE #1 PALM HARBOR, FL 33563		Name <b>CANTRELL, WILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3800 JOSIE LANE #2</b> City <b>PALM HARBOR</b> FL Zip Code <b>34685</b>	

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 <i>William Cantrell</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>1-23-05</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNUNG, JOHN 3800 JOSIE LANE #1 PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR CANTRELL, WILL 3800 JOSIE LANE #2 PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANTRELL, WILL 3800 JOSIE LANE #2 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - DIRECTOR HEKLO, JOHN 3800 JOSIE LANE #4 PALM HARBOR, FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROUSPIES, TINA M 3800 JOSIE LANE #3 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.	
SIGNATURE: <i>William Cantrell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>1-23-05</b> Daytime Phone # <b>727-785-3139</b>