

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N14459 1. Entity Name TARPON WOODS NO. 4A CONDOMINIUM ASSOCIATION, INC	
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Principal Place of Business 3800 JOSIE LANE SUITE 3 PALM HARBOR, FL 34685-2203	Mailing Address 3800 JOSIE LANE #3 PALM HARBOR, FL 34685-2203
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02062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2675644	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTRELL, WILL
3800 JOSIE LANE #2
PALM HARBOR, FL 34685

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTRELL, WILL 3800 JOSIE LANE #2 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANTRELL, WILL 3800 JOSIE LANE #2 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RONSPIES, TINA M 3800 JOSIE LANE #3 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MELLO, JOHN 3800 JOSIE LN SUITE 4 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/08-80002-016 61.25

**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: Tina M. Ronspies 2/11/08 727-418-2379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #