


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90119 026 ****61.25

DOCUMENT # N24847 1. Entity Name TARPON FLATS AMENITIES CLUB, INC.					
Principal Place of Business MILE MARKER 81 P O BOX 254 ISLAMORADA, FL 33036			Mailing Address MILE MARKER 81 P O BOX 254 ISLAMORADA, FL 33036		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0202471	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OVERFIELD, RICHARD L 137 SAN MARCO DR ISLAMORADA, FL 33036				7. Name and Address of New Registered Agent Name TIMOTHY J. ESHELMAN Street Address (P.O. Box Number is Not Acceptable) 81250 OVERSEAS HIGHWAY City ISLAMORADA FL Zip Code 33036	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, JOE W. PO BOX 2050 ISLAMORADA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMOTHY J. ESHELMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 81250 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMASTER, III, EDWARD B <input checked="" type="checkbox"/> Delete 135 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE COE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 89 SLEEPY HOLLOW RD RED BANK, NJ 07701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOW, PETE <input type="checkbox"/> Delete 6 TARPON FLATS PO BOX 254 ISLAMORADA, FL 33032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETE DOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 TARPON FLATS P.O. BOX 254 ISLAMORADA, FL 33036	
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 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: <u><i>Timothy J. Eselman</i></u>			3-13-06 260 672-8800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		