

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24847

FILED  
Feb 28, 2007  
Secretary of State

**Entity Name:** TARPON FLATS AMENITIES CLUB, INC.

**Current Principal Place of Business:**

MILE MARKER 81  
P O BOX 254  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

81250 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036 US

**Current Mailing Address:**

MILE MARKER 81  
P O BOX 254  
ISLAMORADA, FL 33036

**New Mailing Address:**

P O BOX 254  
ISLAMORADA, FL 33036 US

**FEI Number:** 65-0202471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESHELMAN, TIMOTHY J  
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: D ( ) Delete  
Name: HUDSON, JOE W.  
Address: PO BOX 2050  
City-St-Zip: ISLAMORADA, FL

Title: D ( ) Delete  
Name: DOW, PETE  
Address: 6 TARPON FLATS PO BOX 254  
City-St-Zip: ISLAMORADA, FL 33032

Title: PD ( ) Delete  
Name: ESHELMAN, TIMOTHY J  
Address: 81250 OVERSEAS HWY  
City-St-Zip: ISLAMORADA, FL 33036

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J ESHELMAN

P

02/28/2007

Electronic Signature of Signing Officer or Director

Date