


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90012 009 ****61.25

DOCUMENT # N26164

1. Entity Name
TARPON LAKEVIEW MOBILE HOME OWNERS ASSOCIATION, INC.




Principal Place of Business
 37376 U.S. HWY 19 N.
 PALM HARBOR, FL 34684 US

Mailing Address
 1266 SO PINELLAS AVE
 TARPON SPRINGS, FL 34689 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2928978

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOSEPH, JUSTIN G
 1266 SOUTH PINELLAS AVE
 TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHELDON, ERNEST	
STREET ADDRESS	389 GREENWOOD ST.	
CITY-ST-ZIP	SHELBURNE, ONT, CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEMON, GARY	
STREET ADDRESS	738 VIMY ST.	
CITY-ST-ZIP	NORTH BAY ONT, CA p1b 5b4	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, JOHN R	
STREET ADDRESS	PO BOX 456	
CITY-ST-ZIP	SPRINGFIELD, VT 05156	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DOUGLAS	
STREET ADDRESS	11970 14 MILE	
CITY-ST-ZIP	ROCKFORD, MI 49341	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CARLTON	
STREET ADDRESS	13 HIDDENBROOK WAY	
CITY-ST-ZIP	HONESDALE, PA 18431	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLHAM, ERNEST	
STREET ADDRESS	20 CAMPBELL DR	
CITY-ST-ZIP	ALBANY, NY 12205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MILLHAM, ERNEST	
STREET ADDRESS	20 CAMPBELL DR.	
CITY-ST-ZIP	ALBANY, NY 12205	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMON GARY	
STREET ADDRESS	25 GLENORA CRES.	
CITY-ST-ZIP	BRAMPTON, ONT. CANADA L6S1E1	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYLOR, EDWARD	
STREET ADDRESS	10477 STUART DR.	
CITY-ST-ZIP	PAINESVILLE, OH 44077	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NAGEL, GERARD	
STREET ADDRESS	LOT 21, 37376 US HWY 19N	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DENNIS	
STREET ADDRESS	LOT 36, 37376 US HWY 19N	
CITY-ST-ZIP	PALM HARBOR, FL 34684	


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: GARY LEMON TREASURER MARCH 13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DOCUMENT # N26164

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TARPON LAKEVIEW MOBILE HOME OWNERS ASSOCIATION, INC.



ATTACHMENT

40037368

Principal Place of Business 37376 U.S. HWY 19 N. PALM HARBOR, FL 34684 US	Mailing Address 1266 SO PINELLAS AVE TARPON SPRINGS, FL 34689 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01252006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip Country	Zip Country

4. FEI Number
59-2926978

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JUSTIN G
 1288 SOUTH PINELLAS AVE
 TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-electing)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution \$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 P	SHELDON, ERNEST 389 GREENWOOD ST SHELBURNE, ONT, CA	<input checked="" type="checkbox"/> Delete	
TITLE T	LEMON, GARY 738 VIMY ST. NORTH BAY ONT, CA p1b 5b4	<input type="checkbox"/> Delete	TITLE D CURRY, PAT 474 FIELDSTONE KINGSTON, ONT CANADA K7K 7E4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	CRAWFORD, JOHN R PO BOX 458 SPRINGFIELD, VT 05156	<input checked="" type="checkbox"/> Delete	TITLE T LEMON, GARY 25 GLENORA CRES. BRAMPTON, ONT CANADA L6S 1E1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	WILSON, DOUGLAS 11970 14 MILE ROCKFORD, MI 48341	<input type="checkbox"/> Delete	TITLE D MCGILLIVARY, F. XAVIER 7027 SHIELDS DR. OTTAWA, ONT CANADA K4P 1A7 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	ANDERSON, CARLTON 13 HIDDENBROOK WAY HONESDALE, PA 18431	<input checked="" type="checkbox"/> Delete	TITLE D MARTIN, PAULA LOT 45, 37376 US HWY 19 N PALM HARBOR, FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	MILLHAM, ERNEST 20 CAMPBELL DR ALBANY, NY 12206	<input checked="" type="checkbox"/> Delete	TITLE _____ NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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 817, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other fee empowered.

SIGNATURE: GARY LEMON TREASURER DATE: MARCH 13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR