2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44946

FILED Feb 20, 2007 Secretary of State

Entity Name: TARPON SHORES RO ASSOCIATION, INC.

Current Principal Place of Business:				New Principa	New Principal Place of Business:		
89 RACHE TARPON S	EL DRIVE SPRINGS, FL	34689					
Current Mailing Address:				New Mailing	New Mailing Address:		
89 RACHE TARPON S	EL DRIVE SPRINGS, FL	34689					
FEI Number:	: 59-3085254	FEI Nu	mber Applied For()	FEI Number Not Applicat	ole () Certificate of Status Desired ()		
Name and	Address of	Current F	Registered Agent:	Name and Ad	Idress of New Registered Agent:		
BEISACHER, HELEN 275 NORTHGATE DR TARPON SPRINGS, FL 34689 US				275 NORTHĜ	BEISACHER, HELEN SEC. 275 NORTHGATE DR TARPON SPRINGS, FL 34689 US		
The above in the State	named entity e of Florida.	/ submits t	this statement for the p	urpose of changing its r	egistered office or registered agent, or both,		
SIGNATURE: HELEN BEISACHER, DS					02/20/2007		
	Electro	onic Signa	ture of Registered Age	nt	Date		
OFFICERS	S AND DIRE	CTORS:		ADDITIONS/0	CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP (TRACY, TERF 185 ROYAL F TARPON SPR	PALM DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (HONAN, JAMI 111 RACHEL TARPON SPR	DRIVE	4689	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DS (BEISACHER, 275 NORTHG TARPON SPE	ATE	4689	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (FINLAY, CON 237 HARMON TARPON SPE	IY WAY	4689	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DVP (GIBSON, JAN 173 MELODY TARPON SPE	'LANE	4689	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT (SCOTT, LARF 159 MELODY TARPON SPF	'LANE	4689	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: HELEN BEISACHER DS 02/20/2007