2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N44946

Entity Name: TARPON SHORES RO ASSOCIATION, INC.

Current Principal Place of Business:

89 RACHEL DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

89 RACHEL DRIVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3085254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HONAN, JAMES SEC.
111 RACHEL DRIVE
TARPON SPRINGS, FL 34689 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:	DP	( ) Delete
Name:	FINLAY, CONSTANCE	
Address:	237 HARMONY WAY	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	DVP	( ) Delete
Name:	GIBSON, JANET	
Address:	173 MELODY LANE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	DTR	( ) Delete
Name:	DUFF, RICHARD	
Address:	274 NORTHGATE DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	DS	( ) Delete
Name:	HONAN, JAMES	
Address:	111 RACHEL DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	BEISACHER, HELEN	
Address:	275 NORTHGATE DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	KILLIUS, WALTER	
Address:	180 MELODY LANE	
City-St-Zip:	TARPON SPRINGS, FL 34689	

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:	
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 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: JAMES HONAN SEC. 02/18/2009

Electronic Signature of Signing Officer or Director — Date