

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48415

FILED
Jan 07, 2011
Secretary of State

Entity Name: TARPON VILLAGE APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

330 KON TIKI DR
BOX A-8
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

330 KON TIKI DR BX A8
BOX A-8
NAPLES, FL 34113 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C
860 LAUREL OAK DR., SUITE 300
NAPLES, FL 34108 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
Name: PAGELS, RON
Address: 330 KON TIKI DR F-8
City-St-Zip: NAPLES, FL 34113

Title: DVP
Name: KOKESH, LOUISE
Address: 330 KON TIKI DR E-5
City-St-Zip: NAPLES, FL 34113

Title: DT
Name: BRADY, WALTER
Address: 330 KON TIKI DR C-1
City-St-Zip: NAPLES, FL 34113

Title: D
Name: PAGELS, CARYL
Address: 330 KON TIKI DR B-8
City-St-Zip: NAPLES, FL 34113

Title: D
Name: PATKE, SHIRLEY
Address: 330 KON TIKI DR E-5
City-St-Zip: NAPLES, FL 34113

Title: D
Name: LAMENDOLA, ANTHONY
Address: 330 KON TIKI DR E-1
City-St-Zip: NAPLES, FL 34113

I hereby 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 all other like empowered.

SIGNATURE: LOUISE KOKESH

DVP

01/07/2011

Electronic Signature of Signing Officer or Director

Date