


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90009 025 \*\*\*\*61.25

<b>DOCUMENT # N93000005686</b> 1. Entity Name <b>KING TARPON CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3160 MATECUMBE KEY ROAD PUNTA GORDA, FL 33955 US</b>				Mailing Address <b>P.O. BOX 511246 PUNTA GORDA, FL 33951-1246 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1532 Rio De Janeiro Ave</b>		3. Mailing Address <b>PO Box 380758</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Punta Gorda, FL</b>		City & State <b>Murdock, FL 33938-0758</b>			
Zip <b>33983</b>		Country <b>USA</b>		4. FEI Number <b>59-3236784</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STAR HOSPITALITY MGMT 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name <b>Kristine Wishard</b> Street Address (P.O. Box Number is Not Acceptable) <b>1532 Rio De Janeiro Avenue</b> City <b>Punta Gorda</b> <b>FL</b> <b>33983</b>	
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 <u><i>Kristine Wishard</i></u> <span style="float: right;">4/12/07</span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, JERRY 4021 KING TARPON DR PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Havemeyer, Craig 4041 King Tarpon Drive Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWALM, BOB 4011 KING TARPON DR PUNTA GORDA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, TINY 2061 KING TARPON DR PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEZQUITA, DICK 4091 KING TARPON DR PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lund, Bob 3081 King Tarpon Drive Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDRES, ELLA 304 KING TARPON DR PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Endres, Ella 3041 King Tarpon Drive Punta Gorda, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. 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: <u><i>Craig Havemeyer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/17/07 <span style="float: right;">941-276-4028</span> <small>Date Daytime Phone #</small>	