

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005686

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** KING TARPON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380758  
MURDOCK, FL 339380758 US

**New Mailing Address:**

**FEI Number:** 59-3236784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WISHARD, KRISTINE  
1532 RIO DE JANEIRO AVENUE  
PUNTA GORDA, FL 33983 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: PD ( ) Delete  
Name: HAVEMEYER, CRAIG  
Address: 4041 KING TARPON DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: VD ( ) Delete  
Name: SCHWALM, BOB  
Address: 4011 KING TARPON DR  
City-St-Zip: PUNTA GORDA, FL

Title: SD ( ) Delete  
Name: DAVIDSON, TINY  
Address: 2061 KING TARPON DR  
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete  
Name: LUND, BOB  
Address: 3081 KING TARPON DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: TD ( ) Delete  
Name: ENDRES, ELLA  
Address: 3041 KING TARPON DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SCHWALM, BOB  
Address: 4011 KING TARPON DR  
City-St-Zip: PUNTA GORDA, FL

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: CRAIG HAVEMEYER

PD

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date