

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 044 ****61.25

DOCUMENT # N94000001881

1. Entity Name

TARPON RIVER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

515 SW 7TH AVE
FT LAUDERDALE FL 33315
US

Mailing Address

C/O MERIDIAN REALTY MGMT
PO BOX 460909
FORT LAUDERDALE FL 33346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0463802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERIDIAN REALTY MGMT.
2170 SE 17TH ST.
SUITE 207
FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEONE, JOANNA	
STREET ADDRESS	603 SW 7 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BA MOOSH, BARBARA	
STREET ADDRESS	615 SW 7TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KUNIN, RICHARD	
STREET ADDRESS	503 SW 7 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIED, JANET M	
STREET ADDRESS	607 SW 7 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHUDNOW, PHYLLIS	
STREET ADDRESS	505 SW 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN LETHBRIDGE	
STREET ADDRESS	602 SW 7TH AVE	
CITY-ST-ZIP	FT. LAUD. FL 33315	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EILEEN RICHARDS	
STREET ADDRESS	505 S.W. 7TH AVE.	
CITY-ST-ZIP	FT. LAUD. FL 33315	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTE WHITMAN	
STREET ADDRESS	507 S.W. 7TH AVE	
CITY-ST-ZIP	FT. LAUD. FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.21.05

954-463-5910

Date

Daytime Phone #