

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001881

FILED
Apr 14, 2006
Secretary of State

Entity Name: TARPON RIVER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

515 SW 7TH AVE
FT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

PO BOX 22925
FORT LAUDERDALE, FL 333352925 US

FEI Number: 65-0463802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KB2 MANAGEMENT LLC
PO BOX 451685
SUNRISE, FL 333451685 US

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: KRISTIN BAKKEDAHL

04/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LEONE, JOANNA
Address: 603 SW 7 AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD () Delete
Name: BA MOOSH, BARBARA
Address: 615 SW 7TH AVE.
City-St-Zip: FT LAUDERDALE, FL 33315

Title: VP/D () Delete
Name: LETHBRIDGE, SUSAN
Address: 602 SW 8TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: P/D () Delete
Name: RICHARDS, EILEEN
Address: 505 SW 7TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D () Delete
Name: WHITMAN, BETTE
Address: 507 SW 7T AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BAHOOSH, BARBARA
Address: 615 SW 7TH AVE.
City-St-Zip: FT LAUDERDALE, FL 33315

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 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: JOANNA LEONE

TD

04/14/2006

Electronic Signature of Signing Officer or Director

Date