

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001881

FILED
Apr 02, 2008
Secretary of State

Entity Name: TARPON RIVER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

505 SW 7TH AVE
FT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 22925
FORT LAUDERDALE, FL 333352925 US

New Mailing Address:

FEI Number: 65-0651902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KB2 MANAGEMENT LLC
9151 NW 25TH STREET
SUNRISE, FL 33322 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: TD () Delete
Name: BAHOOOSH, BARBARA
Address: 615 SW 7 AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD () Delete
Name: LETHBRIDGE, SUSAN
Address: 602 SW 8TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: VP/D () Delete
Name: WHITMAN, BETTE
Address: 507 SW 7TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33315

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PHYLLIS CHUDNOW

PD

04/02/2008

Electronic Signature of Signing Officer or Director

Date