

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001881

FILED  
Apr 06, 2009  
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:**

535 SW 7TH AVE  
FT LAUDERDALE, FL 33315 US

**Current Mailing Address:**

PO BOX 22925  
FORT LAUDERDALE, FL 333352925 US

**New Mailing Address:**

525 SW 7TH AVENUE  
FORT LAUDERDALE, FL 33315 US

**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

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date