


FILE NOW: FILING FEE IS \$61.25

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**Jun 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001902 (4)
 1. Corporation Name
TARPON TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 578 TARPON SPRINGS FL 34688	Mailing Address P.O. BOX 578 TARPON SPRINGS FL 34688
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3. Date Incorporated or Qualified 04/17/1995	Applied For
4. FEI Number 59-3316517	Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WASSERMAN, MARK J
1773 BIARRITZ CIRCLE
TARPON SPRINGS FL 34688**

10. Name and Address of New Registered Agent

81 Name NELIDA AGOSTO
82 Street Address (P.O. Box Number is Not Acceptable) 1702 CAPRI LANE
83
84 City TARPON SPRINGS
85 State FL
Zip Code 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Nelida Agosto* DATE **4/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE PD	NAME GRIFFITH, R. SCOTT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4014 GUNN HIGHWAY, STE 250		
CITY-ST-ZIP TAMPA FL 33624		
TITLE TD	NAME SMITH, CHRISTOPHER P	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4014 GUNN HIGHWAY, STE 250		
CITY-ST-ZIP TAMPA FL 33624		
TITLE SD	NAME BENNETT, STEPHEN M	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4014 GUNN HIGHWAY, STE 250		
CITY-ST-ZIP TAMPA FL 33624		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE President PD	NAME NELIDA AGOSTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS 1702 CAPRI LANE		
1.3 CITY-ST-ZIP TARPON SPRINGS, FL 34689		
2.1 TITLE Secretary SD	NAME BARBARA SHANNON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS 1789 BIARRITZ CIRCLE		
2.3 CITY-ST-ZIP TARPON SPRINGS, FL 34689		
3.1 TITLE Treasurer TD	NAME JOSEPH SAMMARTINO II	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS 1731 CAPRI LANE		
3.3 CITY-ST-ZIP TARPON SPRINGS, FL 34689		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		
4.3 CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS		
5.3 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS		
6.3 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)