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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005004 (4)

1. Corporation Name

TARPON COVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 34108

801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 34108-2764

3. Date Incorporated or Qualified  
09/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3420913

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASTINGS, WIEN  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 34108

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME GREEN, KATHERINE C  
STREET ADDRESS 24860 BURNT PINE DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

1.1 TITLE D/P  Change  Addition  
1.2 NAME GUNDERSON, J.  
1.3 STREET ADDRESS 801 LAUREL OAK DRIVE, #500  
1.4 CITY-ST-ZIP NAPLES, FL

TITLE VD  DELETE  
NAME GOENAGA, ARMANDO  
STREET ADDRESS 801 LAUREL OAK DR, STE 500  
CITY-ST-ZIP NAPLES FL 34108

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME PRITCHARD, SUSAN  
STREET ADDRESS 801 LAUREL OAK DR, STE 500  
CITY-ST-ZIP NAPLES FL 34108

3.1 TITLE S/T/D  Change  Addition  
3.2 NAME O'DONNELL, J.  
3.3 STREET ADDRESS 801 LAUREL OAK DRIVE, #500  
3.4 CITY-ST-ZIP NAPLES, FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

John Gunderson, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

(941) 597-6061

Daytime Phone # 0059730

CR2E037 (9/96)

Plc Dec 16, 25

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