


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005004 (4)**  
1. Corporation Name  
**TARPON COVE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108</b>	Mailing Address <b>809 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108-2764</b>
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3. Date Incorporated or Qualified  
**09/25/1996**

4. FEI Number <b>59-3420913</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>24301 Walden Center Drive</b> Suite, Apt. #, etc. 22 <b>Suite 300</b> City & State 23 <b>Bonita Springs, FL</b> Zip 24 <b>34134</b>	2a. Mailing Address 26 <b>24301 Walden Center Drive</b> Suite, Apt. #, etc. 27 <b>Suite 300</b> City & State 28 <b>Bonita Springs, FL</b> Zip 29 <b>34134</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**HASTINGS, VIVEN  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name <b>Vivien N. Hastings</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>24301 Walden Center Drive</b>
83 <b>Suite 300</b>
84 City <b>Bonita Springs</b>
85 Zip Code <b>FL 34134</b>

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 *Vivien N. Hastings* **3/18/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GUNDERSON, J</b>	
STREET ADDRESS <b>801 LAUREL OAK DR, #500</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>GOENAGA, ARMANDO</b>	
STREET ADDRESS <b>801 LAUREL OAK DR, STE 500</b>	
CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>O'DONNELL, J</b>	
STREET ADDRESS <b>801 LAUREL OAK DR, #500</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Henry J. Floreani</b>	
1.3 STREET ADDRESS <b>24301 Walden Center Drive</b>	
1.4 CITY-ST-ZIP <b>Bonita Springs, FL</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>24301 Walden Center Drive</b>	
2.4 CITY-ST-ZIP <b>Bonita Springs, FL</b>	
3.1 TITLE <b>DST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Vivian M. Gazarek</b>	
3.3 STREET ADDRESS <b>24301 Walden Center Drive</b>	
3.4 CITY-ST-ZIP <b>Bonita Springs, FL</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Vivian M. Gazarek* **3/18/98** (941) 947-2600  
Vivian M. Gazarek, Secretary

CR2E037 (10/97)