

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000005004

1. Entity Name
 TARPON COVE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS 34134 US	FL	Mailing Address PO BOX 9709 NAPLES 341019709 US	FL
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2. Principal Place of Business C/O R&P PROPERTY MANAGEMENT	3. Mailing Address R&P PROPERTY MANAGEMENT
Suite, Apt. #, etc. 265 AIRPORT ROAD	Suite, Apt. #, etc. 265 AIRPORT ROAD
City & State NAPLES FL	City & State NAPLES FL
Zip 34104	Country US

4. FEI Number
59-3420913

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HART STEPHEN P COLLIER FINANCIAL INC 4985 TAMIAAMI TRL EAST NAPLES FL 34113 US		Name CARROLL GLENN Street Address (P.O. Box Number is Not Acceptable) 265 AIRPORT ROAD City NAPLES FL Zip Code 34104	

8. 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 GLENN CARROLL DATE 04/29/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AS MCCALL THOMAS 24301 WALDEN CENTER DR BONITA SPRINGS FL	<input type="checkbox"/> Delete	SICHANIS GEORGE 758 MAINSAIL PLACE NAPLES FL 34110	
DST BLAIR YVONNE 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	DS RICKETTS CAMILLE 975 TARPON COVE DR. #102 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV OAK TIMOTHY 24301 WALDEN CENTER DR BONITA SPRINGS FL 34108	<input type="checkbox"/> Delete	DST HENNING RICHARD 995 TARPON COVE DR. #204 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP HAYDEN KENNETH W 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	DV DAVEY ERNIE 953 CARRIECK BEND CIRCLE #201 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP HAYDEN KENNETH W 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	DP ADAMS BILL 785 CARRICK BEND CIRCLE #103 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILE ADAMS DP 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)