

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000005004

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: TARPON COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-3420913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, GLENN
265 AIRPORT ROAD
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD
NAPLES, FL 34104 US

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: STEVE CALLOWAY

04/23/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAMS, BILL
Address: 785 CARRICK BEND CIRCLE #103
City-St-Zip: NAPLES, FL 34110

Title: DV () Delete
Name: DAVEY, ERNIE
Address: 953 CARRIECK BEND CIRCLE #201
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: HENNING, RICHARD
Address: 995 TARPON COVE DR. #204
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: RICKETTS, CAMILLE
Address: 975 TARPON COVE DR. #102
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete
Name: SICHANIS, GEORGE
Address: 758 MAINSAIL PLACE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: FEE, DOUG
Address: 922 CARRICK BEND CIRCLE # 201
City-St-Zip: NAPLES, FL 34110

Title: DV (X) Change () Addition
Name: GRAHAM, RICHARD
Address: 954 CARRICK BEND CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: BONVACCI, FRANK
Address: 705 MAINSAIL PLACE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL ADAMS

DP

04/23/2002

Electronic Signature of Signing Officer or Director

Date