

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N96000005004

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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: DST ( ) Delete  
Name: RICKETTS, CAMILLE  
Address: 975 TARPON COVE DRIVE #103  
City-St-Zip: NAPLES, FL 34110

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

Title: D ( ) Delete  
Name: HAZEN, JACK  
Address: 742 MAINSAIL PL.  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: WILLIAMS, ANTHONY  
Address: 750 TARPON COVE DRIVE #203  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRAHAM, RICHARD L  
Address: 954 CARRICK BEND CIRCLE #201  
City-St-Zip: NAPLES, FL 34110

Title: VPD (X) Change ( ) Addition  
Name: RICKETTS, CAMILLE  
Address: 975 TARPON COVE DRIVE #103  
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Change ( ) Addition  
Name: FAULKS, JACK  
Address: 833 CARRICK BEND CIRCLE #102  
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Change ( ) Addition  
Name: KELLY, BARBARA  
Address: 717 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: RICHARD L. GRAHAM

PD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date