

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005004

FILED
Apr 21, 2005
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:

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

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

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

Title: SD () Delete
Name: KELLY, BARBARA
Address: 717 MAINSAIL PLACE
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: PEARSON, JIM
Address: 881 CARRICK BEND CIRCLE #102
City-St-Zip: NAPLES, FL 34110

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

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

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

Title: D (X) Change () Addition
Name: TALOR, CARL
Address: 720 TARPON COVE DRIVE #103
City-St-Zip: NAPLES, FL 34110

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: GLENN CARROLL

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date