

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005004

FILED
May 01, 2006
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:

C/O PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 US

Current Mailing Address:

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

New Mailing Address:

PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 US

FEI Number: 59-3420913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 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: TIMOTHY J. BONACCI

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEARSON, JIM
Address: 881 CARRICK BEND CIRCLE #102
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: TALOR, CARL
Address: 720 TARPON COVE DRIVE #103
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: TIMOTHY J. BONACCI

MD

05/01/2006

Electronic Signature of Signing Officer or Director

Date