


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90047 015 ****61.25

DOCUMENT # N96000005004

1. Entity Name
TARPON COVE COMMUNITY ASSOCIATION, INC.



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

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

40011006



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01292007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110

4. FEI Number
59-3420913


Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **TIMOTHY J. BONACCI** **1-29-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, JIM 881 CARRICK BEND CIRCLE #102 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICKETTS, CAMILLE 975 TARPON COVE DRIVE #103 NAPLES, FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAULKS, JACK 833 CARRICK BEND CIRCLE #102 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, BARBARA 717 MAINSAIL PLACE NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALOR, CARL 720 TARPON COVE DRIVE #103 NAPLES, FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAUDIA GREENLEAF 889 CARRICK BEND CIRCLE #103 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH WOOD 669 MAINSAIL PLACE NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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:  **1-29-07 (513) 715-0432**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #