

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90040 004 \*\*\*\*61.25

**DOCUMENT # N96000005004**

1. Entity Name  
TARPON COVE COMMUNITY ASSOCIATION, INC.



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

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

**60025073**



02292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3420913

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete  
NAME ~~RICKETTS, CAMILLE~~  
STREET ADDRESS ~~975 TARPON COVE DRIVE #103~~  
CITY-ST-ZIP ~~NAPLES, FL 34110~~

TITLE VP ☒ Change ☐ Addition  
NAME Robert Buonamici  
STREET ADDRESS 1005 Tarpon Cove Dr #101  
CITY-ST-ZIP Naples, FL 34110

TITLE TD ☐ Delete  
NAME GREENLEAF, CLAUDIA  
STREET ADDRESS 849 CARRICK BEND CIR SUITE 103  
CITY-ST-ZIP NAPLES, FL 34110

TITLE S2C ☒ Change ☐ Addition  
NAME Elaine Soucek  
STREET ADDRESS 938 Carrick Bend Circle  
CITY-ST-ZIP Naples FL 34110

TITLE PD ☐ Delete  
NAME WOOD, JOSEPH  
STREET ADDRESS 669 MAINSAIL PLACE  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ~~TALOR, CARL~~  
STREET ADDRESS ~~720 TARPON COVE DRIVE #103~~  
CITY-ST-ZIP ~~NAPLES, FL 34110~~

TITLE DL ☒ Change ☐ Addition  
NAME Benjamin Richman  
STREET ADDRESS 730 Tarpon Cove Dr  
CITY-ST-ZIP Naples FL, 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joseph Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

Daytime Phone #