


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



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

02292008 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

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 _____
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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RICKETTS, CAMILLE	
STREET ADDRESS	975 TARPON COVE DRIVE #103	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREENLEAF, CLAUDIA	
STREET ADDRESS	849 CARRICK BEND CIR SUITE 103	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOD, JOSEPH	
STREET ADDRESS	669 MAINSAIL PLACE	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TALOR, CARL	
STREET ADDRESS	720 TARPON COVE DRIVE #103	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Buonamici	
STREET ADDRESS	1005 Tarpon Cove Dr #101	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	S2C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elaine Jozczak	
STREET ADDRESS	938 Carrick Bend Circle	
CITY-ST-ZIP	Naples FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin Richman	
STREET ADDRESS	730 Tarpon Cove Dr	
CITY-ST-ZIP	Naples FL, 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, President 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #