

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005004

FILED
Apr 21, 2010
Secretary of State

Entity Name: TARPON COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 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: TD
Name: GREENLEAF, CLAUDIA
Address: 849 CARRICK BEND CIR SUITE 103
City-St-Zip: NAPLES, FL 34110

Title: PD
Name: WOOD, JOSEPH
Address: 669 MAINSAIL PLACE
City-St-Zip: NAPLES, FL 34110

Title: S
Name: RICHMAN, ELLIE
Address: 730 TARPON COVE DR. #201
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: SOUCEK, ELAINE
Address: 938 CARRICK BEND CIR
City-St-Zip: NAPLES, FL 34110

Title: DIR
Name: BUONAMICI, BOB
Address: 1005 TARPON COVE DR.#101
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH WOOD

PD

04/21/2010

Electronic Signature of Signing Officer or Director

_____ Date