## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000117

Entity Name: TARPON TIP-OFF CLUB, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3116 LUDLOW DR 1411 GULF RD

NEW PORT RICHEY, FL 34655 TARPON SPRINGS, FL 34689

Current Mailing Address: New Mailing Address:

1411 GULF ROAD TARPON SPRINGS, FL 34689

FEI Number: 59-3556671 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIAUCIUNAS, CHARLES S

PULVER, RHONDA K

4446 WINDING WILLIOW DR

1406 BURNT OAK ST

PALM HARBOR, FL 34683 US TARPON SPRINGS, FL 34689 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: RHONDA K PULVER 04/27/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: SIAUCIUNAS, CHARLES S Name: PULVER, RHONDA K
Address: 4446 WINDING WILLIOW DRIVE Address: 1406 BURNT OAK ST

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GORDON, LYN
 Name:

 Address:
 3215 PHLOX DRIVE
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 PULVER, RHONDA
 Name:
 KEYS, JOANNE

 Address:
 210 S. PINELLAS AVE., SUITE 173
 Address:
 1282 STARBOARD KEY

 City-St-Zip:
 TARPON SPRINGS, FL 34689
 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GORDON, SARAH
 Name:

 Address:
 3215 PHLOX DRIVE
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RHONDA K PULVER PD 04/27/2005