

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000117

FILED  
May 01, 2009  
Secretary of State

Entity Name: TARPON TIP-OFF CLUB, INC.

**Current Principal Place of Business:**

1411 GULF RD  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1411 GULF ROAD  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-3556671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DUBLINO, NORA  
1234 PARADISE LAKE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DUBLINO, NORA  
Address: 1234 PARADISE LAKE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD      ( ) Delete  
Name: LAZZARI, PETER  
Address: 1304 N JASMINE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD      ( ) Delete  
Name: KEYS, JOANN  
Address: 1282 STARBOARD KEY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD      ( ) Delete  
Name: ORGAN, TOM  
Address: 1607 GULF RD  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: BOURDON, MARY  
Address: 145 EARL STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY BOURDON

TD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date