

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90044 028 \*\*\*\*61.25

**DOCUMENT # N98000002022**

1. Entity Name  
**POINTE TARPON MARINA ASSOCIATION, INC.,**



Principal Place of Business  
**7300 PARK ST  
SEMINOLE, FL 33777**

Mailing Address  
**7300 PARK ST  
SEMINOLE, FL 33777**

**50055673**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3077542**

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

**REINHARDT, DEBBIE  
RESOURCE PROPERTY MGMT  
7300 PARK STREET  
SEMINOLE, FL 33777**

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 September 7, 2005**

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 PD  
NAME CLIFFORD, BOB ☒ Delete  
STREET ADDRESS 1406 MANATEE CIR #302  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE DD ☒ Change ☒ Addition  
NAME Joseph Salerno  
STREET ADDRESS 1588 Pointe TARPON BLVD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE DVP  
NAME PELLECHIO, BOB ☒ Delete  
STREET ADDRESS 1474 MANATEE CIR #604  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE DD ☒ Change ☐ Addition  
NAME Mark Roman  
STREET ADDRESS 1486 Manatee Circle  
CITY-ST-ZIP TARPON SPR, FL 34689

TITLE DS  
NAME FULLERTON, PAM ☒ Delete  
STREET ADDRESS 1462 MANATEE CIR #607  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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

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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/5

727 580-3078  
Daytime Phone #