

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004928

FILED  
Apr 14, 2007  
Secretary of State

**Entity Name:** NORTH LAKE OF TARPON SPRINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1799-N NORTH BELCHER RD  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14357  
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number:** 59-3531718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMERI-TECH REALTY INC  
1799-B NORTH BELCHER ROAD  
CLEARWATER, FL 33765 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: SD ( ) Delete  
Name: UR, PATRICIA A  
Address: 787 SALT LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD ( ) Delete  
Name: MAASS, GERHARD  
Address: 779 NORTH LAKE BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD (X) Delete  
Name: PONDOLFINO, TANYA  
Address: 783 NORTH LAKE BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD ( ) Delete  
Name: THOMAS, MICHAEL  
Address: 771 NORTH LAKE BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Delete  
Name: LOEFFLER, SUSAN  
Address: 799 SLAT LAKE DRIVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GERHARD MAASS

PD

04/14/2007

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

\_\_\_\_\_  
Date