2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004928

FILED Apr 08, 2008 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

1799-N NORTH BELCHER RD
CLEARWATER, FL 33765

Current Mailing Address:

New Mailing Address:

PO BOX 14357 CLEARWATER, FL 33766

FEI Number: 59-3531718 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:

AMERI-TECH REALTY INC 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 UR, PATRICIA A
 Name:
 THOMAS, MICHAEL A

 Address:
 787 SALT LAKE DRIVE
 Address:
 771 NORTH LAKE BLVD

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

Title: PD () Delete Title: VPD (X) Change () Addition Name: MAASS, GERHARD Name: PONDOLFINO, TANYA

Address: 779 NORTH LAKE BLVD. Address: 783 NORTH LAKE BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689

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

 Name:
 THOMAS, MICHAEL
 Name:
 DOVER, MICHAEL

 Address:
 771 NORTH LAKE BLVD
 Address:
 745 NORTH LAKE BLVD

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

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

Name: FARRELL, LINDA

Address: Address: 1242 PARADISE LAKE DRIVE City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34689

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: MICHAEL THOMAS PD 04/08/2008