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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 17 AM 9:59

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1. Corporation Name

TARPON BAY GOLF AND COUNTRY CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

405 5TH AVE. SOUTH, SUITE 6
NAPLES FL 33940

Mailing Address

405 5TH AVE. SOUTH, SUITE 6
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

65-0524460

Applied For

(Not Applicable)

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
405 5TH AVE. SOUTH, SUITE 6
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent, and title if applicable)

(Print Name of Registered Agent, and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME ANTARAMIAN, JACK J
STREET ADDRESS 405 5TH AVE. SOUTH, SUITE 6
CITY- ST- ZIP NAPLES FL 33940

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12

1. 1. TITLE ☐ Change ☐ Addition

1. 2. NAME

1. 3. STREET ADDRESS

1. 4. CITY- ST- ZIP

2. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY- ST- ZIP

3. 1. TITLE ☐ Change ☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY- ST- ZIP

4. 1. TITLE ☐ Change ☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY- ST- ZIP

5. 1. TITLE ☐ Change ☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY- ST- ZIP

6. 1. TITLE ☐ Change ☒ Addition

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13, changed, or given in attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

JACK J. ANTARAMIAN

3/8/95

813-434-0600