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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083749 (7)

1. Corporation Name
TARPON COVE REALTY, INC.



Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 38104

Mailing Address

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108-2764

3. Date Incorporated or Qualified

10/10/1996

3a. Date of Last Report

4. FEI Number

59-2000931

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. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 38104

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

Sign in ink or type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME John Gunderson
1.3 STREET ADDRESS 801 Laurel Oak Drive, #500
1.4 CITY-ST-ZIP Naples, FL 34108

2.1 TITLE D/V ☐ Change ☒ Addition
2.2 NAME John B. Story
2.3 STREET ADDRESS 801 Laurel Oak Drive, #500
2.4 CITY-ST-ZIP Naples, FL 34108

3.1 TITLE D/T ☐ Change ☒ Addition
3.2 NAME Alice Carlson
3.3 STREET ADDRESS 801 Laurel Oak Drive, #500
3.4 CITY-ST-ZIP Naples, FL 34108

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Vivien Hastings
4.3 STREET ADDRESS 801 Laurel Oak Drive, #500
4.4 CITY-ST-ZIP Naples, FL 34108

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 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 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vivien Hastings, Secretary

1/23/97 (941) 597-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)