

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000083749 (7)

1. Corporation Name  
TARPON COVE REALTY, INC.

Principal Place of Business  
23401 WALDEN CENTER DR.  
BONITA SPRINGS FL 34134

Mailing Address  
23401 WALDEN CENTER DR.  
BONITA SPRINGS FL 34134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2000931	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HASTINGS, VIVIEN N 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34104				81 Name Vivien Hastings	
				82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive	
				83 Suite 300	
				84 City Bonita Springs	85 Zip Code FL 34134

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 *Vivien Hastings* DATE 1/22/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	JOHN GUNDERSON	1.2 NAME	Wanda Z. Cross
STREET ADDRESS	801 LAUREL OAK DR 500	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DV	2.1 TITLE	DT
NAME	JOHN B STORY	2.2 NAME	Steven C. Adelman
STREET ADDRESS	801 LAUREL OAK DR 500	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DT	3.1 TITLE	
NAME	ALICE CARLSON	3.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	DS
NAME	VIVIEN HASTINGS	4.2 NAME	Vivien N. Hastings
STREET ADDRESS	801 LAUREL OAK DR 500	4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* 1/22/98 (941) 947-2600

CR2E034 (10/97)