2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# P96000083749

Entity Name: TARPON COVE REALTY, INC.

Current Principal Place of Business:

23401 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

23401 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-2000931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPIRNGS, FL 34134 US

Name and Address of New Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPIRNGS, FL 34134 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: VIVIEN N HASTINGS 03/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CROSS, WANDA Z
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVT ( ) Delete
Name: ADELMAN, STEVEN C
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS ( ) Delete
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V ( ) Delete
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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: VAS (X) Change ( ) Addition
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIEN N HASTINGS DS 03/11/2005
Electronic Signature of Signing Officer or Director Date