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Feb 18 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 # P96000095580 (2)

1. Corporation Name

~~TARPON COVE GOLF & RACQUET CLUB, INC. =~~
TARPON COVE YACHT & RACQUET CLUB, INC.

NC
11/27/96

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108-2764

3. Date Incorporated or Qualified
11/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

4. FEI Number
59-3413469

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASTINGS, VIVIAN
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GUNDERSON, JOHN
STREET ADDRESS 801 LAUREL OAK DR., SUITE 500
CITY - ST - ZIP NAPLES FL 34108

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME NEWMAN, RICHARD
STREET ADDRESS 801 LAUREL OAK DR., SUITE 500
CITY - ST - ZIP NAPLES FL 34108

2.1 TITLE D/V ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☒ DELETE
NAME NEWMAN, RICHARD
STREET ADDRESS 801 LAUREL OAK DR., SUITE 500
CITY - ST - ZIP NAPLES FL 34108

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME HASTINGS, VIVIAN
3.3 STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500
3.4 CITY - ST - ZIP NAPLES, FL 34108-2764

TITLE D ☐ DELETE
NAME GOENAGA, ARMANDO
STREET ADDRESS 801 LAUREL OAK DR., SUITE 500
CITY - ST - ZIP NAPLES FL 34108

4.1 TITLE D/V ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME CARLSON, ALICE
5.3 STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500
5.4 CITY - ST - ZIP NAPLES, FL 34108-2764

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

Vivien Hastings, Secretary

1/23/97 (941) 597-6061

CR2E034 (9/96)