

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 # **P96000095580 (2)**

1. Corporation Name

TARPON COVE YACHT & RACQUET CLUB, INC.

Principal Place of Business

**801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108**

Mailing Address

**801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **24301 Walden Center Drive**

26 **24301 Walden Center Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 300**

27 **Suite 300**

City & State

City & State

23 **Bonita Springs, FL**

28 **Bonita Springs, FL**

Zip

Country

Zip

Country

24 **34134**

USA

29 **34134**

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTINGS, VMEN
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108**

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**

FL

85 Zip Code
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

1/21/98

DATE

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

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **DP GUNDERSON, JOHN**
STREET ADDRESS **801 LAUREL OAK DR., SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE

NAME **DV NEWMAN, RICHARD**
STREET ADDRESS **801 LAUREL OAK DR., SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE

NAME **S HASTINGS, VIVIEN**
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE

NAME **DV GOENAGA, ARMANDO**
STREET ADDRESS **801 LAUREL OAK DR., SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ DELETE

NAME **T CARLSON, ALICE**
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

Vivien Hastings
Vivien N. Hastings, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DP Albert F. Moscato, Jr.**
1.3 STREET ADDRESS **24301 Walden Center Drive**
1.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **24301 Walden Center Drive**
2.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **24301 Walden Center Drive**
3.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **24301 Walden Center Drive**
4.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **T Steven C. Adelman**
5.3 STREET ADDRESS **24301 Walden Center Drive**
5.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

1/21/98 (941) 947-2600

Date Daytime Phone # **0439298**

CR2E034 (1097)