

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90024 003 ***900.00

DOCUMENT # P96000095580

1. Corporation Name

TARPON COVE YACHT & RACQUET CLUB, INC.

Principal Place of Business

**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134
US**

Mailing Address

**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134
US**

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 the current year Intangible
Personal Property Tax. ☐ 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, VIVIAN
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **MOSCATO, ALBERT F JR**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DV** ☐ DELETE
NAME **NEWMAN, RICHARD**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **S** ☐ DELETE
NAME **HASTINGS, VIVIAN**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DV** ☒ DELETE
NAME **GOENAGA, ARMANDO**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **T** ☐ DELETE
NAME **ADELMAN, STEVEN C**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☐ Change ☒ Addition
12 NAME **Milton G. Flinn**
13 STREET ADDRESS **24301 Walden Center Drive**
14 CITY-ST-ZIP **Bonita Springs, FL 34134** ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE **DV** ☐ Change ☒ Addition
42 NAME **Timothy Oak**
43 STREET ADDRESS **24301 Walden Center Drive**
44 CITY-ST-ZIP **Bonita Springs, FL 34134** ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Vivian Hastings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vivian Hastings, Secretary

2/11/99

(941) 947-2600

Date

Daytime Phone #

CR2E034 (11/98)