

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -2 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750513 (4)
1. Corporation Name
TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
8735 MIDNIGHT PASS ROAD
#104B
SARASOTA FL 34242
8735 MIDNIGHT PASS ROAD
#104B
SARASOTA FL 34242

3. Date Incorporated or Qualified 01/08/1980	3a. Date of Last Report 04/20/1995
4. FEI Number 59-2067718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 8735 Midnight Pass Rd. Suite, Apt. #, etc. 22 104B City & State 23 Sarasota, FL Zip 24 34242	2a. Mailing Address 25 8735 Midnight Pass Rd. Suite, Apt. #, etc. 26 104B City & State 27 Sarasota, FL Zip 28 34242 Country 29 U.S.A.
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, RITA B
8735 MIDNIGHT PASS ROAD
#104B
SARASOTA FL 34242

81 Name -02/06/95--01095--007	82 Street Address (P.O. Box Number is Not Acceptable) *****61.25 *****61.25
83	84 City FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BOHNETT, HARRY	1.2 NAME	
STREET ADDRESS	8735 MIDNIGHT PASS 105-B	1.3 STREET ADDRESS	MARSH, BURRELL H. III
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	8735 Midnight Pass Rd. 502B Sarasota, FL 34242
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	STRENK, ROBERT	2.2 NAME	VPD
STREET ADDRESS	8701 MIDNIGHT PASS 205-A	2.3 STREET ADDRESS	MEITZ, WILLIAM
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	8735 Midnight Pass Rd. 503B Sarasota, FL 34242
TITLE	VPTD <input type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GORDON, GERALD	3.2 NAME	VP D
STREET ADDRESS	8701 MIDNIGHT PASS 401A	3.3 STREET ADDRESS	STUTZMAN, JOHN, Dr.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	8701 Midnight Pass Rd. 402A Sarasota, FL 34242
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HADERN, JIM	4.2 NAME	SD
STREET ADDRESS	8701 MIDNIGHT PASS 401A	4.3 STREET ADDRESS	FLINT, HERBERT
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	8735 Midnight Pass Rd. 204B Sarasota, FL 34242
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	PAGE, HART	5.2 NAME	TD
STREET ADDRESS	8735 MIDNIGHT PASS RD., #202-B	5.3 STREET ADDRESS	SMITH, RAYMOND
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	8701 Midnight Pass Rd. 202A Sarasota, FL 34242
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Burrell H. Marsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Burrell H. Marsh, III, President

January 22, 1995

(941) 349-7300

Date

Daytime Phone #

CR2E037 (12/95)