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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 34242-2883

3. Date Incorporated or Qualified 01/08/1980  
3a. Date of Last Report 02/05/1996

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  
24 25 29 30  
4. FEI Number 59-2067718 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  
WILLIAMS, JANE E  
8735 MIDNIGHT PASS ROAD  
#104B  
SARASOTA FL 34242  
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 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 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 PD	DELETED	1.1 TITLE VPD	Change Addition
NAME MARSH, BURRELL H III		1.2 NAME King, Kenneth E.	
STREET ADDRESS 8735 MIDNIGHT PASS RD. 502B		1.3 STREET ADDRESS 8701 Midnight Pass Rd. #303A	
CITY-ST-ZIP SARASOTA FL 34242		1.4 CITY-ST-ZIP Sarasota, FL 34242	
TITLE VPD	DELETED	2.1 TITLE	Change Addition
NAME METZ, WILLIAM		2.2 NAME	
STREET ADDRESS 8735 MIDNIGHT PASS RD. 503B		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34242		2.4 CITY-ST-ZIP	
TITLE VPD	DELETED	3.1 TITLE	Change Addition
NAME STUTZMAN, JOHN DR.		3.2 NAME	
STREET ADDRESS 8701 MIDNIGHT PASS RD. 402A		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34242		3.4 CITY-ST-ZIP	
TITLE SD	DELETED	4.1 TITLE	Change Addition
NAME FLINT, HERBERT		4.2 NAME	
STREET ADDRESS 8735 MIDNIGHT PASS RD. 204B		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34242		4.4 CITY-ST-ZIP	
TITLE TD	DELETED	5.1 TITLE	Change Addition
NAME SMITH, RAYMOND		5.2 NAME	
STREET ADDRESS 8701 MIDNIGHT PASS RD., #202A		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34242		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	Change Addition
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: Raymond A. Smith 2/6/97 941-349-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063723

CR2E037 (9/96)