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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

750513

(4)

TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.

| | | , | | | | | | | |
|--|---|-------------------------------|-------------------------|----------------|----------|--|-----------|--------------------------|---|
| Principal Place | e of Business | Mailing Address | Mailing Address | | | # 1880 1880 BIFFI 1880 BIIDA 1880 | | HOLL DISH DIDA D | 1011 01011 1001 |
| 8735 MIDNIGHT PASS ROAD | | | 8735 MIDNIGHT PASS ROAD | | | | | | |
| #104B #104B SARASOTA FL 34242 SARASOTA FL : | | #104B SARASOTA FL 34242-20 | 002 | | | | | | |
| SAKASUTA FL | 34242 | SANASUIA EL SAKAK-ZI | 909 | | | 3. Date Incorporated or Qualified 01/08/1980 | 3a. D | 02/05/19 | ∍port 1 96 |
| 2. Principal Place of Business 2a. Mailing Add | | | dress | | | 4. FEI Number | <u> </u> | Ap | plied For |
| 21 | | 26 | | | | 59-2067718 | | No | t Applicable |
| | | Suite, Apt. #, etc. | | | : | 5. Certificate of Status Desired | | \$8.75 A | |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | Zip | Country | | | 8. This corporation has liability for | | li-mai | 199.032, |
| 24 | 9. Name and Address of Current | 29 Registered Agent | 30 | | | Florida Statutes 10. Name and Address of New Re | Yes | | |
| | g. Hama and Nources of Cutton | riogistored Agent | 81 | Name | | 10. Italie alla Address (il New No | Aretelan | Ayorn | |
| MAI F IAR | IO IANEE | | 82 | | | | | | |
| WILLIAMS, JANE E 8735 MIDNIGHT PASS ROAD | | | | Street A | Addres | s (P.O. Box Number is Not Acceptab | ole) | | |
| #1048 | | | 83 | ····· | | | | | |
| SARASOTA FL 34242 | | | | | | | | | |
| UNITAGE | 717 1 E 04242 | | 84 | City | | | FL | 85 Zip (| >ode |
| 11. Pursuant i | to the provisions of Sections 617.0502 | and 617.1508, Florida Stat | tutes, the above | -named | corpor | ation submits this statement for the o | | e of changing its | s registered |
| office or r | to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat | f Florida. Such change wa | s authorized by | the corp | oration | n's board of directors. I hereby accer | of the ap | pointment as | registered |
| - | m raimilai wiin, and accept the congar | ons or, aection on 7,0003, | FIUTIUM SIMIUIES | ٠. | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and tille if applicable. (N | OTE: Registered Age | nt signature i | required | when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | <u>-</u> | | ADDITIONS/CHANGES TO OFFICE | ERS AN | D DIRECTOR | S IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | VPD |) | | Change | X Addition |
| NAME | Marsh, Burrell H III | | 1.2 NAME | | Kin | ng, Kenneth E. | | - | |
| STREET ADDRESS | 8735 MIDNIGHT PASS RD. 503 | 2B | 1.3 STREET | | | 1 Midnight Pass | Rđ. | #303A | |
| CITY-ST-ZIP | SARASOTA FL 34242 | | 1.4 CITY - S | | | asota FL 34242 | | | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | | | | Change | ☐ Addition |
| NAME | METZ, WILLIAM | | 2.2 NAME | - | | • | | | |
| STREET ADDRESS | 8735 MIDNIGHT PASS RD. 503 | 3B | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34242 | | 2. 4 CITY-5 | T-ZIP | | | | | |
| TITLE | VPD | ★ DEFEAE | 3.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | STUTZMAN, JOHN DR. | | 3.2 NAME | | | • | | | |
| STREET ADORESS | 8701 MIDNIGHT PASS RD.402 | A | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34242 | | 3.4. CITY - 5 | IT-ZIP | | | | | — <u>————————————————————————————————————</u> |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | | | | Change | Addition |
| NAME | FLINT, HERBERT | 40 | 4, 2 NAME | | | | • | | |
| STREET ADDRESS | 8735 MIDNIGHT PASS RD. 20 | 18 | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34242 | Dr. cre | 4.4 CITY-S | T-ZIP | | | | 1-1-2. | |
| TITLE | TD CANTU DAVAGNID | DELETE | 5.1 TITLE | | | | | ☐ Change | Addition |
| NAME | SMITH, RAYMOND | 2004 | 5.2 NAME | | | | | | |
| STREET ADORESS | 8701 MIDNIGHT PASS RD., #2 | SUZA | 5.3 STREET | | | | | • | |
| CITY-ST-ZIP | SARASOTA FL 34242 | DECES | 5.4 CITY - S | I-ZIP | | | | | 1 1 1 200 |
| TITLE | | DELETE | 6.1 TITLE | | | | | Change | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - S | 1-21P | | | | | |

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 cath; that 1 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

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Smith

2/6/9 94/-344-730C

FILED

Feb 12 1997 8:00am

Secretary of State

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