

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750513 (4)**  
 1. Corporation Name  
**TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>8735 MIDNIGHT PASS ROAD #104B SARASOTA FL 34242</b>	Mailing Address <b>8735 MIDNIGHT PASS ROAD #104B SARASOTA FL 34242</b>
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3. Date Incorporated or Qualified  
**01/08/1980**

4. FEI Number  
**59-2067718**

Applied For  
 Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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  
**Burrell H. Marsh III - President**

82. Street Address (P.O. Box Number is Not Acceptable)  
**8735 Midnight Pass Road**

83. #  
**# 1043**

84. City  
**Sarasota, FL**

85. Zip Code  
**34242**

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: *Burrell H. Marsh III* **BURRELL H. MARSH, III** **1/26/98**  
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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARSH, BURRELL H III</b>		1.2 NAME <b>Eric Yueh</b>	
STREET ADDRESS <b>8735 MIDNIGHT PASS RD. 502B</b>		1.3 STREET ADDRESS <b>8735 Midnight Pass Rd # 205B</b>	
CITY-ST-ZIP <b>SARASOTA FL 34242</b>		1.4 CITY-ST-ZIP <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Director-VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>METZ, WILLIAM</b>		2.2 NAME <b>Robert Christensen</b>	
STREET ADDRESS <b>8735 MIDNIGHT PASS RD. 503B</b>		2.3 STREET ADDRESS <b>8735 Midnight Pass Rd # 304B</b>	
CITY-ST-ZIP <b>SARASOTA FL 34242</b>		2.4 CITY-ST-ZIP <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Director-VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KING, KENNETH E.</b>		3.2 NAME <b>Judy Strenk</b>	
STREET ADDRESS <b>8701 MIDNIGHT PASS RD. #303A</b>		3.3 STREET ADDRESS <b>8701 Midnight Pass Rd #205A</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>		3.4 CITY-ST-ZIP <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLINT, HERBERT</b>		4.2 NAME	
STREET ADDRESS <b>8735 MIDNIGHT PASS RD. 204B</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34242</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, RAYMOND</b>		5.2 NAME	
STREET ADDRESS <b>8701 MIDNIGHT PASS RD., #202A</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34242</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 III* **BURRELL H. MARSH III** **1/26/98** **941-344-7300**

CR2E037 (10/97)