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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 750513

1. Corporation Name

TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

8735 MIDNIGHT PASS ROAD
#104B
SARASOTA FL 34242

Mailing Address

8735 MIDNIGHT PASS ROAD
#104B
SARASOTA FL 34242



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/08/1980

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

9. Name and Address of Current Registered Agent

MARSH, BURRELL H. III
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSH, BURRELL H III	
STREET ADDRESS	8735 MIDNIGHT PASS RD. 502B	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	METZ, WILLIAM	
STREET ADDRESS	8735 MIDNIGHT PASS RD. 503B	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, ROBERT	
STREET ADDRESS	8735 MIDNIGHT PASS RD #304B	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLINT, HERBERT	
STREET ADDRESS	8735 MIDNIGHT PASS RD. 204B	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, RAYMOND	
STREET ADDRESS	8701 MIDNIGHT PASS RD., #202A	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	YUEH, ERIC	
STREET ADDRESS	8735 MIDNIGHT PADD RD #205B	
CITY-ST-ZIP	SARASOTA FL 34242	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR	
1.3 STREET ADDRESS	BROWN, Hugh	
1.4 CITY-ST-ZIP	8701 MIDNIGHT PASS RD 101A SARASOTA, FL 34242	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JUDY STRENK	
2.3 STREET ADDRESS	8701 MIDNIGHT PASS RD 205A	
2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)