

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750513

1. Entity Name

TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.

**FILED**  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90123 045 \*\*\*\*61.25

Principal Place of Business	Mailing Address
8735 MIDNIGHT PASS ROAD #104B SARASOTA FL 34242	8735 MIDNIGHT PASS ROAD #104B SARASOTA FL 34242-2683

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2067718	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARSH, BURRELL H. III  
8735 MIDNIGHT PASS ROAD  
#104B  
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. 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	D	<input type="checkbox"/> Delete
NAME	STRENK, JUDY	
STREET ADDRESS	8701 MIDNIGHT PASS RD 205A	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPD	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	SMITH, RAYMOND	
STREET ADDRESS	8701 MIDNIGHT PASS RD., #202A	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	YUEH, ERIC	
STREET ADDRESS	8735 MIDNIGHT PADD RD #205B	
CITY-ST-ZIP	SARASOTA FL 34242	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Hugh B Row		
STREET ADDRESS	8701 MIDNIGHT PASS RD 101 A		
CITY-ST-ZIP	SARASOTA FL 34242		
TITLE	D	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD KAREY		
STREET ADDRESS	8735 MIDNIGHT PASS RD 203B		
CITY-ST-ZIP	SARASOTA, FL 34242		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Burrell H. Marsh III PRES. 2/2/00 941-349-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)