


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90118 037 ****61.25

DOCUMENT # 750513					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2067718				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSH, BURRELL H. III 8735 MIDNIGHT PASS ROAD #104B SARASOTA, FL 34242			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSH, BURRELL H III		NAME		
STREET ADDRESS	8735 MIDNIGHT PASS RD. 502B		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, THOMAS		NAME	S	
STREET ADDRESS	8735 MIDNIGHT PASS RD 607B		STREET ADDRESS	MACKENZIE, Richard	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	8735 Midnight Pass Rd #B-606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHUBA, THOMAS		NAME	Sarasota FL 34242	
STREET ADDRESS	8701 MIDNIGHT PASS RD #303A		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, RAYMOND		NAME	D VP	
STREET ADDRESS	8701 MIDNIGHT PASS RD #202A		STREET ADDRESS	Mosca, Frank	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	8701 Midnight Pass Rd A-201	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DINWOODIE, HUGH		NAME	Sarasota FL 34242	
STREET ADDRESS	8701 MIDNIGHT PASS RD 404A		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Frank Mosca</u> <i>UP</i>			Date: 7-1-05 941-349-7300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FRANK MOSCA