


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 035 ****61.25

DOCUMENT # N03000002515		
1. Entity Name THE TURTLE CRAWL CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business
4235 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Mailing Address
PO BOX 10674
BRADENTON, FL 34282

50013165



01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address 4301 32nd St. W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A-20	
City & State		City & State Bradenton, FL	
Zip	Country	Zip	Country
		34205	US

4. FEI Number 01-0782572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent C&S CONDO MGMNT. SERV., INC. 4301 32ND ST. WEST, STE A-19 A-20 BRADENTON, FL 34205		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$61.28
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	VP	TITLE	
NAME	WIELAND, DAVID	NAME	
STREET ADDRESS	506 74TH ST.	STREET ADDRESS	
CITY- ST- ZIP	HOLMES BEACH, FL 34217	CITY- ST- ZIP	
TITLE	TS	TITLE	
NAME	GREEN, WILLIAM	NAME	
STREET ADDRESS	325 GOLDEN GATE PT., APT 8	STREET ADDRESS	
CITY- ST- ZIP	SARASOTA, FL 34236	CITY- ST- ZIP	
TITLE	P	TITLE	
NAME	ECKEL, DAVID C	NAME	
STREET ADDRESS	3639 CORTEZ RD., STE 200	STREET ADDRESS	
CITY- ST- ZIP	BRADENTON, FL 34205	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone