


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35251 (0)
1. Corporation Name
GREEN TURTLE BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business C/O ANNE COHAN 109 SEASHORE DR. ISLAMORADA FL 33036	Mailing Address C/O ANNE COHAN 109 SEASHORE DR. ISLAMORADA FL 33036-3722
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3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TISHLER, STEVEN D ESQUIRE
786 DUCK KEY DR.
DUCK KEY FL 33050**

10. Name and Address of New Registered Agent
81 Name **PATRICIA STANLEY-ESSLINGER**
82 Street Address (P.O. Box Number is Not Acceptable)
117 SEASHORE DRIVE
83
84 City **ISLAMORADA** FL 85 Zip Code **33036**

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 *Patricia Stanley-Esslinger* **PRESIDENT** **2/25/97**
Signature, typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATRICIA STANLEY-ESSLINGER	
STREET ADDRESS	P. O. BOX 1243, 117 SEASHORE DRIVE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ENGLISH, JANET	
STREET ADDRESS	127 SEASHORE DR.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SWANTON, SCOTT	
STREET ADDRESS	127 SEASHORE DR.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HERTEL, DOROTHY	
STREET ADDRESS	81532 OVERSEAS HWY.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JEFF WRIGHT		
1.3 STREET ADDRESS	101 SEASHORE DR		
1.4 CITY-ST-ZIP	ISLAMORADA, FL 33036		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SECRETARY-TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	PATRICIA STANLEY-ESSLINGER		
3.3 STREET ADDRESS	117 SEASHORE DRIVE		
3.4 CITY-ST-ZIP	ISLAMORADA FL 33036		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *Patricia Stanley-Esslinger* **2/25/97** **305/664-3333**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0024322

CR2E037 (9/96)