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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N35251 | | | | | |
| 1. Corporation Name GREEN TURTLE BEACH HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O JEFF WRIGHT 101 SEASHORE DR ISLAMORADA FL 33036 US | | | Mailing Address C/O JEFF WRIGHT 101 SEASHORE DR ISLAMORADA FL 33036 US | | |
| 21. Principal Place of Business Suite, Apt. #, etc. | | 26. Mailing Address Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 11/17/1989 | |
| 22. City & State Zip Country | | 27. City & State Zip Country | | 4. FEI Number NOT-APPLICABLE | |
| 23. City & State Zip Country | | 28. City & State Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. City & State Zip Country | | 29. City & State Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent STANLEY-ESSLINGER, PATRICIA 117 SEASHORE DRIVE ISLAMORADA FL 33036 | | | 10. Name and Address of New Registered Agent | | |
| | | | B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: _____ DATE: _____ <small>Signature: type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WRIGHT, JEFF 101 SEASHORE DR ISLAMORADA FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD COCKERHAM, MARK 108 Seashore Drive ISLAMORADA, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ENGLISH, JANET 127 SEASHORE DR. ISLAMORADA FL 33036 | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | SEC FISHER, TRUDY 132 Seashore Dr. ISLAMORADA, FL 33036 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STANLEY-ESSLINGER, PATRICIA 117 SEASHORE DR ISLAMORADA FL 33036 | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | B 4/21/99 ggar | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGNATURE: *Patricia Esslinger* **FEES REQUIRED**

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