

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35251

1. Entity Name

GREEN TURTLE BEACH HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90108 001 *****8.75

03-21-2000 90108 002 *****61.25

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 33036-3722 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/O Patti Stanley</i>	3. Mailing Address <i>C/O Patti Stanley</i>
Suite, Apt. #, etc. <i>P.O. Box 1243</i>	Suite, Apt. #, etc. <i>P.O. Box 1243</i>
City & State <i>Islamorada, Fl.</i>	City & State <i>Islamorada, Fl.</i>
Zip <i>33036</i>	Country
Country	Zip <i>33036</i>

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STANLEY-ESSLINGER, PATRICIA
117 SEASHORE DRIVE
ISLAMORADA FL 33036

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) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COCKERHAM, MARK 108 SEASHORE DR ISLAMORADA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGLISH, JANET 127 SEASHORE DR. ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STANLEY-ESSLINGER, PATRICIA 117 SEASHORE DR ISLAMORADA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, TRVEY 132 SEASHORE DR. ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ANNE COHEN - VICE PRES.</i> <i>109 Seashore Drive</i> <i>Islamorada, Fl.</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia Stanley Esslinger, ST 3-14-2000 305-664-3339*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)