

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

003-0391

DOCUMENT # N35251

1. Entity Name

GREEN TURTLE BEACH HOMEOWNERS' ASSOCIATION, INC.

03-20-2001 90021 034 ****70.00

Principal Place of Business

Mailing Address

C/O PATTI STANLEY
 P.O. BOX 1243
 ISLAMORADA FL 33036
 US

C/O PATTI STANLEY
 P.O. BOX 1243
 ISLAMORADA FL 33036
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY-ESSLINGER, PATRICIA
117 SEASHORE DRIVE
ISLAMORADA FL 33036

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

Patricia Stanley Esslinger **NO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COCKERHAM, MARK	108 SEASHORE DR	ISLAMORADA FL	<input type="checkbox"/>
VD	ENGLISH, JANET	127 SEASHORE DR.	ISLAMORADA FL 33036	<input type="checkbox"/>
ST	STANLEY-ESSLINGER, PATRICIA	117 SEASHORE DR	ISLAMORADA FL	<input type="checkbox"/>
VP	COHEN, ANNE	109 SEASHORE DR.	ISLAMORADA FL 33036	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 305-664-3333
 Date Daytime Phone #

CR2E037 (10/00)