

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90015 003 \*\*\*\*70.00

**DOCUMENT # N35251**

1. Entity Name

**GREEN TURTLE BEACH HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

54022871



2. Principal Place of Business

*c/o Janet Swanton*

3. Mailing Address

*c/o Janet Swanton*

Suite, Apt. #, etc.

*127 Seashore Dr.*

Suite, Apt. #, etc.

*127 Seashore Dr.*

City & State

*Islamorada, FL*

City & State

*Islamorada, FL*

Zip

*33036*

Country

*US*

Zip

*33036*

Country

*US*

MOORE CR2E037 (11/03)

FEE# *65-0064103*

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

*Janet Swanton*

Street Address (P.O. Box Number is Not Acceptable)

*127 Seashore Dr.*

City

*Islamorada*

FL

Zip Code

*33036*

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

*Janet Swanton*

*Janet Swanton, Treasurer*

*3-20-04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ANNE 109 SEASHORE DR. ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CARRIE TUDOR</i> <i>133 Seashore Dr.</i> <i>Islamorada, FL 33036</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	<i>Treasurer</i>	<input checked="" 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	<i>Secretary</i> <i>Carrie Tudor</i> <i>133 Seashore Dr</i> <i>Islamorada, FL 33036</i>	<input type="checkbox"/> Change <input checked="" 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:

*Janet Swanton*

*Janet Swanton*

*3-20-04*

*(305)664-9955*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #