

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90200 007 ****61.25

DOCUMENT # N01000005001

1. Entity Name

TURTLE CAY MASTER ASSOCIATION, INC.



Principal Place of Business

1192 E NEWPORT CENTER DR
#150
DEERFIELD BEACH FL 33442

Mailing Address

C/O CASTLE MGMT, INC.
PO BOX 189013
PLANTATION FL 33318

2. Principal Place of Business

100 Old Beacon Way
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 189013
Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

PLANTATION, FL

4. FEI Number

48-1256435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN E
2550 BRICKELL BAYVIEW CENTER
80 SW 8TH ST
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Jay Steven Levine

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

2500 North Military Trail # 490

Boca Raton FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

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 PD
NAME HUMPHRIES, MICHAEL ☐ Delete
STREET ADDRESS 1192 E NEWPORT CENTER DR, #150
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD
NAME ROCA, RAFAEL ☐ Delete
STREET ADDRESS 1192 E NEWPORT CENTER DR, #150
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE SD
NAME SHARPSTEEN, CANDACE ☐ Delete
STREET ADDRESS 1192 E NEWPORT CENTER DR, #150
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE TD
NAME GUERRA, FRANCES J ☐ Delete
STREET ADDRESS 1192 E NEWPORT CENTER DR, #150
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04

561 796-5222