

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90023 048 ****61.25

DOCUMENT # 724824 1. Entity Name TORTUGA CLUB, INC.					
Principal Place of Business 8730 MIDNIGHT PASS RD. SARASOTA FL 34242 US			Mailing Address 8730 MIDNIGHT PASS RD. SARASOTA FL 34242 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1655646	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NORTH, DAVE PRES 8750 MIDNIGHT PASS RD 200C SARASOTA FL 34242				7. Name and Address of New Registered Agent Name PETER KYLE PRES. Street Address (P.O. Box Number is Not Acceptable) 8730 MIDNIGHT PASS RD 104A City SARASOTA FL Zip Code 34242	
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 <u><i>Peter Kyle</i></u> President <u><i>Peter D. Kyle</i></u> <u><i>March 10/05</i></u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERRITT, BILL 8710 MIDNIGHT PASS RD 101B SARASOTA FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOHN 9750 MIDNIGHT PASS RD 405 C SARASOTA FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, DAVE 8730 MIDNIGHT PASS RD. #500A SARASOTA FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER, KYLE 8750 MIDNIGHT PASS RD 104 A SARASOTA FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APFEL, SID 8750 MIDNIGHT PASS RD 20213 SARASOTA FL 30242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.V. COOKE, CAROL 8750 MIDNIGHT PASS RD 101 C SARASOTA FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <u><i>Peter Kyle</i></u> President <u><i>Peter D. Kyle</i></u> <u><i>March 10/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E037 (10/04)

941-341-2349