

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750513

Entity Name: TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242**Current Mailing Address:**8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242**FEI Number:** 59-2067718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOOLEY, LYNNE
8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	FORTSCH, PHILLIP
Address	8701 MIDNIGHT PASS ROAD 502A
City-State-Zip:	SARASOTA FL 34242

Title	P
Name	SCHWARTZ, MARTIN
Address	8735 MIDNIGHT PASS ROAD 202B
City-State-Zip:	SARASOTA FL 34242

Title	T
Name	FERDINAND, RUSSELL
Address	8735 MIDNIGHT PASS RD 201B
City-State-Zip:	SARASOTA FL 34242

Title	VP
Name	RASMUSSEN, JOHN
Address	8701 MIDNIGHT PASS RD 605A
City-State-Zip:	SARASOTA FL 34242

Title	VP
Name	DEDRICK, MARY ANN
Address	8735 MIDNIGHT PASS ROAD 405B
City-State-Zip:	SARASOTA FL 34242

Title	ASST. SECRETARY
Name	TRUSCOTT, MILDRED
Address	8701 MIDNIGHT PASS ROAD 505A
City-State-Zip:	SARASOTA FL 34242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP FORTSCH**SECRETARY****04/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date