

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750513

**FILED**  
**Jan 31, 2019**  
**Secretary of State**  
**8189025994CC**

**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 ROSE, RUSSELL  
Address 8701 MIDNIGHT PASS ROAD  
401A  
City-State-Zip: SARASOTA FL 34242

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

Title VP  
Name GOEN, BARBARA  
Address 8701 MIDNIGHT PASS RD  
503A  
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

Title T  
Name HOWARD, ALAN  
Address 8701 MIDNIGHT PASS ROAD  
303A  
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:** RUSSELL FERDINAND

**PRESIDENT**

**01/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date