

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR 27 AM 10:50

DOCUMENT # 722291 (2)
 1. Corporation Name
TORTUGAS DE MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
4554 CENTRAL AVENUE ST. PETERSBURG FL 33711-1039 US		4554 CENTRAL AVENUE ST. PETERSBURG FL 33711-1039 US	
2. Principal Place of Business	2a. Mailing Address		
21 1700 66TH STREET NORTH Suite, Apt. #, etc.	26 P.O. BOX 47068 Suite, Apt. #, etc.		
22 207 City & State	27 City & State		
23 Zip Country	28 33743-7068 Zip Country		
24 33710	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1971	3a. Date of Last Report 03/22/1994
4. FEI Number 59-1654391	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEBRA R. LISHEID C/O CONDOMINIUM MANAGEMENT GROUP, INC. 4554 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33711				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	1700 66TH STREET N. SUITE 207		
				83			
				84 City	ST. PETERSBURG,	85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Debra R. Lisheid* **DEBRA R. LISHEID** **3-10-95**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, TED	12 NAME	
STREET ADDRESS	2723 PARKLAND BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, CLYDE	22 NAME	
STREET ADDRESS	2500 GULF BLVD., #302B	23 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BCH FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, JOHN	32 NAME	
STREET ADDRESS	2500 GULF BLVD., #105A	33 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BCH. FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRIEFER, HERMAN	42 NAME	
STREET ADDRESS	2500 GULF BLVD., #105A	43 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BCH FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUSTER, BETTY	52 NAME	
STREET ADDRESS	2500 GULF BLVD.	53 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BCH FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBuckle, MARY	62 NAME	
STREET ADDRESS	2500 GULF BLVD. #204B	63 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BCH. FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Peters* **JOHN C. PETERS** **3/9/95** **381 1717**
Signature and typed or printed name of signing officer or director. DATE (Typed/Printed)