

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722291 (2)

1. Corporation Name

TORTUGAS DE MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1700 66TH STREET NORTH SUITE 207 ST. PETERSBURG FL 33710 US
Mailing Address: P O BOX 47068 "M" ST. PETERSBURG FL 33743-7068 US

3. Date Incorporated or Qualified: 12/17/1971
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country

4. FEI Number: 59-1654391
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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.
1700 66TH STREET N., SUITE 207
ST. PETERSBURG FL 33710

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.85(3), Florida Statutes.

SIGNATURE: *Debra R. Lisheid*
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when making change)
DATE: 3-28-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERRY, TED	
STREET ADDRESS	2723 PARKLAND BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, CLYDE	
STREET ADDRESS	2500 GULF BLVD., #302B	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PETERS, JOHN	
STREET ADDRESS	2500 GULF BLVD., #105A	
CITY-ST-ZIP	BELLEAIR BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRIEFER, HERMAN	
STREET ADDRESS	2500 GULF BLVD., #105A	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHUSTER, BETTY	
STREET ADDRESS	2500 GULF BLVD.	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNBUCKLE, MARY	
STREET ADDRESS	2500 GULF BLVD. #204B	
CITY-ST-ZIP	BELLEAIR BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VFD
5.3 STREET ADDRESS	HOUSE, JOSEPH
5.4 CITY-ST-ZIP	13707 WALBROOKE DRIVE TAMPA, FL 33624
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WEBER, FREDRICK
6.4 CITY-ST-ZIP	300 EAST 59TH STREET, #1805 NEW YORK, NY 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Clyde Kennedy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 813-596-5226
DUSTY PHONE #

CR2E037 (12/95)