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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified 12/17/1971
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-1654391 Applied For Not Applicable
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
DEBRA R. LISHEID
C/O CONDOMINIUM MANAGEMENT GROUP, INC.
1700 66TH STREET N., SUITE 207
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent
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 617.0503, Florida Statutes.

SIGNATURE: *Debra R. Lisheid*
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 BERRY, TED	1.1 TITLE	Director
NAME	2723 PARKLAND BLVD.	1.2 NAME	Booth, James
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	P.O. Box 616
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Spartan, GA 31087
TITLE	VD KENNEDY, CLYDE	2.1 TITLE	
NAME	2500 GULF BLVD., #302B	2.2 NAME	
STREET ADDRESS	BELLEAIR BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD PETERS, JOHN	3.1 TITLE	Secretary/Director
NAME	2500 GULF BLVD., #105A	3.2 NAME	Hornbuckle, Mary
STREET ADDRESS	BELLEAIR BCH FL	3.3 STREET ADDRESS	2500 Gulf Blvd, #204B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Belleair Beach, FL 33786
TITLE	D SCHRIEFER, HERMAN	4.1 TITLE	
NAME	2500 GULF BLVD., #105A	4.2 NAME	
STREET ADDRESS	BELLEAIR BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD HOUSE, JOSEPH	5.1 TITLE	President/Treasurer
NAME	13707 WALBROOKE DRIVE	5.2 NAME	Director
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	5100 W. Kennedy Blvd. #150
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D HORNBuckle, MARY	6.1 TITLE	Director
NAME	2500 GULF BLVD. #204B	6.2 NAME	Trout, Mary B. Jr
STREET ADDRESS	BELLEAIR BCH FL	6.3 STREET ADDRESS	36 Fordham Rd. Plum Island
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Newbury MA 01951

14. I do 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 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 R. Kennedy* APR 03 1997 813
Signature typed or printed name of signing officer or director Date Daytime Phone # 0051506

CR2E037 (9/96)