


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
12/17/1971

4. FEI Number 59-1654391	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 5530 1st Ave N Suite, Apt. #, etc. 22	2a. Mailing Address 26
City & State 23 St. Petersburg, FL	City & State 27
Zip 24 33110	Country 25
Country 25	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 5530 1st Ave N
84 City St Petersburg FL 85 Zip Code 33110

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, JAMES	1.2 NAME	
STREET ADDRESS	P.O. BOX 616 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPACTA GA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, CLYDE	2.2 NAME	
STREET ADDRESS	2500 GULF BLVD., #302B	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBuckle, MARY	3.2 NAME	
STREET ADDRESS	2500 GULF BLVD., #204B	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRIEFER, HERMAN	4.2 NAME	
STREET ADDRESS	2500 GULF BLVD., #105A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL	4.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, JOSEPH	5.2 NAME	
STREET ADDRESS	5100 W KENNEDY BLVD., #150	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUT, HARRY R JR	6.2 NAME	
STREET ADDRESS	38 FORDHAM RD, PLUM ISLAND	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY MA	6.4 CITY-ST-ZIP	

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14. I 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 Kennedy | Clyde Kennedy 4/28/98 813-596 5226

CF2E037 (10/97)