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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722291
 1. Corporation Name
TORTUGAS DE MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5530 1ST AVENUE NORTH SUITE 207 ST PETERSBURG FL 33110 US	Mailing Address P O BOX 47068 "M" ST. PETERSBURG FL 33743-7068 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/17/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1654391
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEBRA R. LISHEID
 5530 1ST AVENUE NORTH
 1700 68TH STREET N., SUITE 207
 ST PETERSBURG FL 33110

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOOTH, JAMES	
STREET ADDRESS	P.O. BOX 616 N/A	
CITY-ST-ZIP	SPACTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, CLYDE	
STREET ADDRESS	2500 GULF BLVD., #302B	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORNBuckle, MARY	
STREET ADDRESS	2500 GULF BLVD., #204B	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHRIEFER, HERMAN	
STREET ADDRESS	2500 GULF BLVD., #105A	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOUSE, JOSEPH	
STREET ADDRESS	5100 W KENNEDY BLVD., #150	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROUT, HARRY R JR	
STREET ADDRESS	36 FORDHAM RD, PLUM ISLAND	
CITY-ST-ZIP	NEWBURY MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Webber, Frederick	
1.3 STREET ADDRESS	420 Lexington Ave. Suite # 2328	
1.4 CITY-ST-ZIP	New York, NY. 10170	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wallace, Peter	
2.3 STREET ADDRESS	2500 Gulf Blvd. # 205-A	
2.4 CITY-ST-ZIP	Belleair Beach, FL. 33786	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hudeck, James	
4.3 STREET ADDRESS	7116 Pelican Island Dr.	
4.4 CITY-ST-ZIP	Tampa, FL. 33634	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Clyde R. Kennedy* **REQUIRED** 4/20/99 Date Daytime Phone #

CR2E037 (11/98)