

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90461 032 ****61.25

DOCUMENT # 722291

1. Entity Name

TORTUGAS DE MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5530 1ST AVENUE NORTH
 SUITE 207
 ST PETERSBURG FL 33110
 US

P O BOX 47068
 "M"
 ST. PETERSBURG FL 33743-7068
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

To CMG
 Suite, Apt. #, etc.
5530 1st Ave N.

To CMG
 Suite, Apt. #, etc.
P.O. Box 47068

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-1654391

Applied For
 Not Applicable

Zip
33710

Country
US

Zip
33743-7068

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBRA R. LISHEID
 5530 1ST AVENUE NORTH
 1700 66TH STREET N., SUITE 207
 ST PETERSBURG FL 33110

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBBER, FREDERICK	
STREET ADDRESS	420 LEXINGTON AVE STE #2328	
CITY-ST-ZIP	NEW NY 10170	
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 type="checkbox"/> Delete
NAME	HUDECK, JAMES	
STREET ADDRESS	7116 PELICAN ISLAND DR	
CITY-ST-ZIP	TAMPA FL 33634	
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	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peters, Cynthia	
STREET ADDRESS	2500 Gulf Blvd #105A	
CITY-ST-ZIP	Belleair Beach, FL 33786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RESIDENT** *[Signature]* **Mar 31, 00** **813-282-3900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)