


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90177 013 ****61.25

DOCUMENT # 722291
1. Entity Name
TORTUGAS DE MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5530 1ST AVE. N.
% CMG
SAINT PETERSBURG FL 33710
US**

Mailing Address: **P O BOX 47068
% CMG
SAINT PETERSBURG FL 33743-7068
US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: **5444 Park Blvd.**
Suite/Apt. #, etc.: **# 101**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **Pinellas Park FL**

4. FEI Number: **59-1654391** Applied For: Not Applicable:

Zip: **33781** Country: **Pinellas**

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

6. Name and Address of Current Registered Agent:
**WELTON, RONALD D
5530 1ST AVENUE NORTH
SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent:
Name:
Street Address (P.O. Box Number is Not Acceptable):
5444 Park Blvd.
City: **Pinellas Park** FL Zip Code: **33781**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|--|---|
| TITLE: TD NAME: MASON, ROBERT STREET ADDRESS: 2500 GULF BLVD., #102B CITY-ST-ZIP: BELLEAIR BEACH FL 33786 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD NAME: PETERS, CYNTHIA STREET ADDRESS: 2500 GULF BLVD #105A CITY-ST-ZIP: BELLEAIR BEACH FL 33786 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V NAME: HUDECK, JAMES STREET ADDRESS: 7116 PELICAN ISLAND DR CITY-ST-ZIP: TAMPA FL 33634 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD NAME: HOUSE, JOSEPH STREET ADDRESS: 5100 W KENNEDY BLVD., #150 CITY-ST-ZIP: TAMPA FL | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: TROUT, HARRY R JR STREET ADDRESS: 36 FORDHAM RD, PLUM ISLAND CITY-ST-ZIP: NEWBURY MA | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: HORNBUCKLE, JOHN STREET ADDRESS: 2500 GULF BLVD., #204B CITY-ST-ZIP: BELLEAIR BEACH FL 33786 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Joseph W. House
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Apr. 20, 2004 Daytime Phone #: 813-387-5330