


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90010 014 \*\*\*\*61.25

<b>DOCUMENT # 722291</b>					
1. Entity Name TORTUGAS DE MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2500 GULF BLVD BELLAIR BEACH, FL 33786 US			Mailing Address 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1654391	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent	
COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764				Name: KIRK BLISS Street: CMC 4175 East Bay Dr., Suite 205 City: Clearwater, FL 33764 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Kirk Bliss</i>				DATE: 03/26/08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	FRED WEBER (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, ROBERT		NAME	708 3RD AV.	
STREET ADDRESS	2500 GULF BLVD., #102B		STREET ADDRESS	NEW YORK, NY, 10017	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, JOHN		NAME		
STREET ADDRESS	2500 GULF BLVD #105A		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VASQUEZ, MARTHA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, MAKTHA		NAME		
STREET ADDRESS	2506 GULF BLVD 202B		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, JOSEPH		NAME		
STREET ADDRESS	5100 W KENNEDY BLVD., #150		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, TED		NAME		
STREET ADDRESS	2500 GULF BLVD #305A		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GINA SHANNON	
STREET ADDRESS			STREET ADDRESS	3160 LAKE ELLEN DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33618	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Martina Vasquez</i>				DATE: 3/12/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: 727-8449404	