

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90083 029 \*\*\*\*61.25

0069725

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

4. FEI Number **59-1654391**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Ronald D. Welton**  
Street Address (P.O. Box Number is Not Acceptable)  
**5530 1st Ave. No.**  
City **ST. Petersburg** FL Zip Code **33710**

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 *[Signature]* DATE **5/27/03**

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**

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**

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>KENNEDY, CLYDE</b>	
STREET ADDRESS	<b>2500 GULF BLVD., #302B</b>	
CITY-ST-ZIP	<b>BELLEAIR BCH FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>PETERS, CYNTHIA</b>	
STREET ADDRESS	<b>2500 GULF BLVD #105A</b>	
CITY-ST-ZIP	<b>BELLEAIR BEACH FL 33786</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>HUDECK, JAMES</b>	
STREET ADDRESS	<b>7116 PELICAN ISLAND DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HOUSE, JOSEPH</b>	
STREET ADDRESS	<b>5100 W KENNEDY BLVD., #150</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>TROUT, HARRY R JR</b>	
STREET ADDRESS	<b>36 FORDHAM RD, PLUM ISLAND</b>	
CITY-ST-ZIP	<b>NEWBURY MA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Mason</b>	
STREET ADDRESS	<b>2500 Gulf Blvd. #102B</b>	
CITY-ST-ZIP	<b>Belleair Beach Fl. 33786</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Hornbuckle</b>	
STREET ADDRESS	<b>2500 Gulf Blvd. #204B</b>	
CITY-ST-ZIP	<b>Belleair Beach Fl. 33786</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jimmy Coplow</b>	
STREET ADDRESS	<b>2500 Gulf Blvd. #101B</b>	
CITY-ST-ZIP	<b>Belleair Beach Fl. 33786</b>	
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]* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)