

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 724724-724824
Corporation Name

Tortuga Club, Inc.

800001820828

-05/14/96--01100--012

***61.25

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
11/16/72

3. Date of Last Report

21 Principal Place of Business
8730 Midnight Pass Road2c. Mailing Address
26 8730 Midnight Pass RoadFEI Number
59-1655646Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required23 City & State
Sarasota, FL27 City & State
Sarasota, FL6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees24 Zip
34242

Country

Zip

Country

7. This corporation has liability for intangible tax under s. 199.032.
Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

1. Name and Address of New Registered Agent

81 Name

Roy Nelson

82 Street Address (P.O. Box Number is Not Acceptable)

8730 Midnight Pass Road

83

84 City

Sarasota

FL

85 Zip Code
34242

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

Signature of officer or director of corporation and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/96

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP12 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP13 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP16 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE PD ☒ Change ☐ Addition12 NAME Nelson, Roy
13 STREET ADDRESS 8730 Midnight Pass Road
14 CITY-ST-ZIP Sarasota, FL 3424221 TITLE VP ☒ Change ☐ Addition22 NAME Helphenstine, Jerry
23 STREET ADDRESS 8710 Midnight Pass Road #206C
24 CITY-ST-ZIP Sarasota, FL 3424231 TITLE TD ☐ Change ☒ Addition32 NAME Mac Donald, Craig
33 STREET ADDRESS 8750 Midnight Pass Road #305C
34 CITY-ST-ZIP Sarasota, FL 3424241 TITLE SD ☐ Change ☒ Addition42 NAME Karem, Janet
43 STREET ADDRESS 8730 Midnight Pass Road #302 A
44 CITY-ST-ZIP Sarasota, FL 3424251 TITLE D ☐ Change ☒ Addition52 NAME Kenedy, Gorden
53 STREET ADDRESS 8750 Midnight Pass Road C-202
54 CITY-ST-ZIP Sarasota, FL 3424261 TITLE D ☒ Change ☐ Addition62 NAME Pasquesi, Anthony
63 STREET ADDRESS 8700 Midnight Pass Road, #206-B
64 CITY-ST-ZIP Sarasota, FL 34242

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Roy Jay Nelson

Roy Jay Nelson

4/3/96

349-6771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #