


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724824** (8)
1. Corporation Name
TORTUGA CLUB, INC.



Principal Place of Business 8730 MIDNIGHT PASS RD. SARASOTA FL 34242 US	Mailing Address 8730 MIDNIGHT PASS RD. SARASOTA FL 34242-2823 US
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3. Date Incorporated or Qualified 11/16/1972	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1655646	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, ROY
8730 MIDNIGHT PASS RD.
SARASOTA FL 34242**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 *Roy Nelson*

JAN. 23, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	<input type="checkbox"/> DELETE
NAME NELSON, ROY	
STREET ADDRESS 8730 MIDNIGHT PASS ROAD	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE VP	<input type="checkbox"/> DELETE
NAME HELPHENSTINE, JERRY	
STREET ADDRESS 8710 MIDNIGHT PASS RD #206C	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE TD	<input type="checkbox"/> DELETE
NAME MACDONALD, CRAIG	
STREET ADDRESS 8750 MIDNIGHT PASS RD #305 C	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME KAREM, JANET	
STREET ADDRESS 8730 MIDNIGHT PASS RD #302 A	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE D	<input type="checkbox"/> DELETE
NAME KENEDY, GORDEN	
STREET ADDRESS 8750 MIDNIGHT PASS RD #C 202	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE D	<input type="checkbox"/> DELETE
NAME PASQUESI, ANTHONY	
STREET ADDRESS 8700 MIDNIGHT PASS ROAD #206-B	
CITY-ST-ZIP SARASOTA FL 34242	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D FRED HARRIS
4.3 STREET ADDRESS	8710 MIDNIGHT PASS RD #103B
4.4 CITY-ST-ZIP	SARASOTA, FL. 34242
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 Nelson* **ROY, JAY NELSON, PD** JAN. 23, 1997

CR2E037 (9/96)