


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 724824 (8)</b> 1. Corporation Name <b>TORTUGA CLUB, INC.</b>					



Principal Place of Business <b>8730 MIDNIGHT PASS RD.</b> <b>SARASOTA FL 34242</b> <b>US</b>		Mailing Address <b>8730 MIDNIGHT PASS RD.</b> <b>SARASOTA FL 34242</b> <b>US</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country	

<b>3. Date Incorporated or Qualified</b> <b>11/16/1972</b>	
<b>4. FEI Number</b> <b>59-1655646</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>NELSON, ROY</b> <b>8730 MIDNIGHT PASS RD.</b> <b>SARASOTA FL 34242</b>	
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<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
<b>12. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input type="checkbox"/> DELETE <b>NELSON, ROY</b> <b>8730 MIDNIGHT PASS ROAD</b> <b>SARASOTA FL 34242</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input type="checkbox"/> DELETE <b>HELPHENSTINE, JERRY</b> <b>8710 MIDNIGHT PASS RD #206C</b> <b>SARASOTA FL 34242</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <input checked="" type="checkbox"/> DELETE <b>MACDONALD, CRAIG</b> <b>8750 MIDNIGHT PASS RD #305 C</b> <b>SARASOTA FL 34242</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>HARRIS, FRED</b> <b>8710 MIDNIGHT PASS ROAD STE 103B</b> <b>SARASOTA FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <input type="checkbox"/> DELETE <b>KENEDY, GORDEN</b> <b>8750 MIDNIGHT PASS RD #C 202</b> <b>SARASOTA FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>PASQUESI, ANTHONY</b> <b>8700 MIDNIGHT PASS ROAD #206-B</b> <b>SARASOTA FL 34242</b>
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900002508738</b> <b>-05/04/98--01012--023</b> <b>***61.25</b>
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>Patterson, Dave</b> <b>8730 Midnight Pass Rd. #500A</b> <b>Sarasota, FL 34242</b>
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Merritt, Bill</b> <b>8710 Midnight Pass Rd. #101B</b> <b>Sarasota, FL 34242</b>
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Kennedy, Gordon</b> <b>8746 Gray Oaks</b> <b>Sarasota, FL 34238</b>
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>Karam, Janet</b> <b>8730 Midnight Pass Rd. #302A</b> <b>Sarasota, FL 34242</b>

14. 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 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:** *Jerry B. Helphenstine - JERRY B. Helphenstine-V.P. 4-18-98 941-349-1624*

CR2E037 (1097)

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Tortuga Club, Inc.  
Document #724824  
FEI #59-1655646

Box 13: Additions to Officers and Directors in 12:

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Williams, Art  
8750 Midnight Pass Rd. #406C  
Sarasota, FL 34242