


**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90003 029 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 724824**

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  
 US


434844 - 90222 - 7



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suits, Apt. #, etc.		28 Suite, Apt. #, etc.		11/16/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-1655646	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	DAVID NORTH
82 Street Address (P.O. Box Number is Not Acceptable)	8750 MIDNIGHT PASS ROAD - 200C
83	
84 City	SARASOTA
85 Zip Code	FL 34242

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 6, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	NELSON, ROY	1.2 NAME	North, David
STREET ADDRESS	8730 MIDNIGHT PASS ROAD	1.3 STREET ADDRESS	8750 Midnight Pass Rd., #200C
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	VP	2.1 TITLE	D
NAME	HELPHENSTINE, JERRY	2.2 NAME	
STREET ADDRESS	8710 MIDNIGHT PASS RD #206C	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	PATTERSON, DAVE	3.2 NAME	
STREET ADDRESS	8730 MIDNIGHT PASS RD., #500A	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VD
NAME	MERRITT, BILL	4.2 NAME	
STREET ADDRESS	8710 MIDNIGHT PASS ROAD 101B	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	KENNEDY, GORDON	5.2 NAME	Napier, Norman
STREET ADDRESS	8748 GRAY OAKS	5.3 STREET ADDRESS	8750 Midnight Pass Rd., #500C
CITY-ST-ZIP	SARASOTA FL 34238	5.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	SD	6.1 TITLE	
NAME	KARAM, JANET	6.2 NAME	
STREET ADDRESS	8730 MIDNIGHT PASS ROAD 302A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

46-99

348-0716

Date

Daytime Phone #

CR2E037 (11/98)