

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90052 047 \*\*\*\*61.25

<b>DOCUMENT # 724824</b> 1. Entity Name <b>TORTUGA CLUB, INC.</b>					
Principal Place of Business <b>8730 MIDNIGHT PASS RD. SARASOTA FL 34242 US</b>			Mailing Address <b>8730 MIDNIGHT PASS RD. SARASOTA FL 34242 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1655646</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KYLE, PETER 8730 MIDNIGHT PASS RD 104A SARASOTA FL 34242</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Art Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MERRITT, BILL		NAME	8750 Midnight Pass Rd 406C	
STREET ADDRESS	8710 MIDNIGHT PASS RD 101B		STREET ADDRESS	Sarasota, FL 34242	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Ken Samper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELLY, JOHN		NAME	8730 Midnight Pass Rd	
STREET ADDRESS	9750 MIDNIGHT PASS RD 405 C		STREET ADDRESS	201A	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	<del>Ken Samper</del> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, DAVE		NAME		
STREET ADDRESS	8730 MIDNIGHT PASS RD. 104A		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP		
TITLE	R&T Treas.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETER, KYLE		NAME		
STREET ADDRESS	8750 MIDNIGHT PASS RD 104 A		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APFEL, SID		NAME		
STREET ADDRESS	8750 MIDNIGHT PASS RD 20213		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 30242		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, CAROL		NAME		
STREET ADDRESS	8750 MIDNIGHT PASS RD 101 C		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 <u>Patricia G. Hudome</u> <b>Patricia G. Hudome</b> 1/23/06 941-349 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;">         Date <b>1/23/06</b> Daytime Phone <b>6776</b> </div>					



ATTACHMENT

66004188

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

TORTUGA CLUB, INC.  
8730 MIDNIGHT PASS RD.  
SARASOTA, FL 34242 US

Subject: TORTUGA CLUB, INC.

Reference Number:

724824

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION

ATTACHMENT

66004188

# 724824

Board of Directors, January 18, 2006

Peter Kyle, President and Treasurer  
8730 Midnight Pass Road, 104A  
Sarasota, FL 34242  
same

Bill Merritt, Vice President  
8710 Midnight Pass Road, 101B  
Sarasota, FL 34242  
same

Carol Cooke, Secretary  
850 Midnight Pass Road, 101C  
Sarasota, FL 34242  
same

Sidney Apfelbaum  
8710 Midnight Pass Road, 202B  
Sarasota, FL 34242  
same

Joan Kelly  
8750 Midnight Pass Road, 405C  
Sarasota, FL 34242  
same

Ken Sampen  
8730 Midnight Pass Road, 201A  
Sarasota, FL 34242  
same

Art Williams  
8750 Midnight Pass Road, 406C  
Sarasota, FL 34242  
addition

David Patterson  
8730 Midnight Pass Road, 500A  
Sarasota, FL 34242  
deleted