

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 047 ****61.25

DOCUMENT # 724824

1. Entity 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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number **59-1655646** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KYLE, PETER
8730 MIDNIGHT PASS RD 104A
SARASOTA FL 34242**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *[Signature]* *March 12/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

7 Board

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MERRITT, BILL 8710 MIDNIGHT PASS RD 101B SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sampen, Kenneth 8730 Midnight Pass Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOAN 9750 MIDNIGHT PASS RD 405 C SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ART 8750 MIDNIGHT PASS RD 406C SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Bouma 8730 midnight Pass Rd, 203 A Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PETER, KYLE 8750 MIDNIGHT PASS RD 104 A SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APFEL, SID 8750 MIDNIGHT PASS RD 20213 SARASOTA FL 30242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOKE, CAROL 8750 MIDNIGHT PASS RD 101 C SARASOTA FL 34242	TITLE NAME STREET ADDRESS 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: *[Signature]* *February 21, 2007 9413462349*