

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90134 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**

90021103



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1655646**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRITT, BILL
8710 MIDNIGHT PASS RD 101B
SARASOTA FL 34242**

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, 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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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	<input type="checkbox"/> Delete
P	MERRITT, BILL	8710 MIDNIGHT PASS RD 101B	SARASOTA FL 34242	<input type="checkbox"/>
D	HELPHENSTINE, JERRY	8710 MIDNIGHT PASS RD #206C	SARASOTA FL 34242	<input checked="" type="checkbox"/>
TD	PATTERSON, DAVE	8730 MIDNIGHT PASS RD. #500A	SARASOTA FL 34242	<input type="checkbox"/>
D	KELLY, JOAN	8750 MIDNIGHT PASS RD. 406C	SARASOTA FL 34242	<input checked="" type="checkbox"/>
D	LOTZ, BOB	8730 MIDNIGHT PASS RD. 300A	SARASOTA FL 34242	<input checked="" type="checkbox"/>
SD	MAREAN, BOB	8750 MIDNIGHT PASS RD 502C	SARASOTA FL 34242	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VA	KELLY, JOAN	8750 MIDNIGHT PASS RD 406C	SARASOTA, FL 34242	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MAREAN, BOB	8750 MIDNIGHT PASS RD 502C	SARASOTA, FL 34242	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PETER KYLE	8730 MIDNIGHT PASS RD 104A	SARASOTA, FL, 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SID APFELBAUM	8710 MIDNIGHT PASS RD 202B	SARASOTA FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CAROL COOILE	8750 MIDNIGHT PASS RD 101C	SARASOTA, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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:

[Handwritten Signature]

CR2E037 (10/02)