2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 747841

Entity Name: TORTOISE ISLAND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

727 LOGGERHEAD ISLAND DR
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

727 LOGGERHEAD ISLAND DR
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-2050712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAGMANN, TAINA L
727 LOGGERHEAD ISLAND DR
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	POCH, TODD DR.	
Address:	505 TURTLE CIRCLE	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	V/D	( ) Delete
Name:	MULVEY, NORMA	
Address:	262 LANTERBACK ISLAND DR.	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	P/D	( ) Delete
Name:	NUESE, CHARLES	
Address:	485 TURTLE CIRCLE	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	S/D	( ) Delete
Name:	MIKOLAJCZYK, KIMBERLY	
Address:	400 LANTERNBACK ISLAND DR	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	T/D	( ) Delete
Name:	VATTER, JAMES	
Address:	179 LANTERNBACK ISLAND DR	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S/D	(X) Change ( ) Addition
Name:	CRONIN, MARIAM	
Address:	870 HAWKSBILL ISLAND DR	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES NUESE P/D 04/30/2009

Electronic Signature of Signing Officer or Director — Date