

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747841

FILED
Apr 26, 2012
Secretary of State

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:

SOILEAU, JOHN
3490 NORTH US HIGHWAY 1
COCOA, FL 32926 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: P/D
Name: POCH, TODD DR.
Address: 505 TURTLE CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: T/D
Name: DAWKINS, CHARLINE
Address: 491 TURTLE CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: S/D
Name: FARNSWORTH, DON
Address: 577 HAWKSBILL ISLAND DR
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: V/D
Name: ZAVITSANOS, JAMES
Address: 648 HAWKSBILL ISLAND DR
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: L/D
Name: PEDRO, MARTINEZ
Address: 658 LOGGERHEAD ISLAND DR
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby 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 all other like empowered.

SIGNATURE: DR. TODD POCH

P/D

04/26/2012

Electronic Signature of Signing Officer or Director

Date