

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750513

FILED
Apr 02, 2009
Secretary of State

Entity Name: TURTLE BAY CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242

New Mailing Address:

8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242

FEI Number: 59-2067718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORY, JAYNE
8735 MIDNIGHT PASS ROAD
#104B
SARASOTA, FL 34242 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: SCHERRER, JOYCE
Address: 8701 MIDNIGHT PASS RD #506-A
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: MACKENZIE, RICHARD
Address: 8735 MIDNIGHT PASS ROAD #606-B
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: MOSCA, FRANK
Address: 8701 MIDNIGHT PASS ROAD #201-A
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: HALSTED, JON
Address: 8701 MIDNIGHT PASS RD #302-A
City-St-Zip: SARASOTA, FL 34242

Title: DVP () Delete
Name: STYF, DAVID
Address: 8701 MIDNIGHT PASS RD #106-A
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SCHERRER, JOYCE
Address: 8701 MIDNIGHT PASS RD #506-A
City-St-Zip: SARASOTA, FL 34242

Title: DVP (X) Change () Addition
Name: FORTSCH, PHILLIP
Address: 8701 MIDNIGHT PASS ROAD #502-A
City-St-Zip: SARASOTA, FL 34242

Title: P (X) Change () Addition
Name: MACKENZIE, RICHARD
Address: 8735 MIDNIGHT PASS ROAD #606-B
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD MACKENZIE

P

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date