

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 23 PM 1:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 751473 (0)

1. Corporation Name

SEA TURTLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7201 RIDGEWOOD AVE
CAPE CANAVERAL FL 32920**

**7201 RIDGEWOOD AVE
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1980

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2296008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGUERITE D MERRIGAN
7201 RIDGEWOOD AVE #24
CAPE CANAVERAL FL 32920**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME CORDY, IRENE
STREET ADDRESS 7201 RIDGEWOOD AVE #12
CITY-ST-ZIP CAPE CANAVERAL, FL 00000**

**TITLE TD
NAME BRADFORD, LOIS
STREET ADDRESS 7201 RIDGEWOOD AVE #31
CITY-ST-ZIP CAPE CANAVERAL, FL 00000**

**TITLE SD
NAME MERRIGAN, MARGUERITE D
STREET ADDRESS 7201 RIDGEWOOD AVE #24
CITY-ST-ZIP CAPE CANAVERAL, FL 00000**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Treasurer/Director
Connie Mace Makepeace
625 Woodbridge Rd.
Melbourne, FL 32920**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**V/P-D
Vicki Lunkenheimer
7201 Ridgewood Ave. -#14
Cape Canaveral, FL 32920**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marguerite D. Merrigan

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MARGUERITE D. MERRIGAN

2/14/95

Date

407-783-1240

Telephone