

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90083 026 \*\*\*\*61.25

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**DOCUMENT # 751473**

1. Corporation Name

**SEA TURTLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**7201 RIDGEWOOD AVE  
CAPE CANAVERAL FL 32920**

Mailing Address

**7201 RIDGEWOOD AVE  
CAPE CANAVERAL FL 32920**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Sea Turtle Condo c/o Jeff Tripp  
Suite, Apt. #, etc.

**27** #2 Brastow Lane  
City & State

**28** Jordan NY  
Zip Country

**29** 13080 **30** USA

3. Date Incorporated or Qualified

**03/10/1980**

4. FEI Number

**59-2296008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**TRIPP, ANNETTE  
7201 RIDGEWOOD AVE  
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**PD** ☐ DELETE  
**WREN, LARRY**  
**21 WOODLAND HILLS DR**  
**BISMARCK IL**

**T** ☐ DELETE  
**TRIPP, JEFFREY**  
**2 BRASTON LANE**  
**JORDAN NY 13080**

**S** ☐ DELETE  
**TRIPP, ANNETTE**  
**2 BRASTON LANE**  
**JORDAN NY 13080**

**VD** ☐ DELETE  
**LUNKENHEIMER, VICKI**  
**7201 RIDGEWOOD AVE. #14**  
**CAPE CANAVERAL FL 32920**

☐ DELETE

☐ DELETE

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

**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

**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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-99**

**(315) 689-9722**  
Daytime Phone #

CR2E037 (11/98)