

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751473

1. Entity Name

SEA TURTLE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90223 041 ****61.25

Principal Place of Business Mailing Address
7201 RIDGEWOOD AVE SEA TURTLE CONDO C/O JEFF TRIPP
CAPE CANAVERAL FL 32920 #2 BRASTON LN
JORDAN NY 13080

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 59-2296008 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRIPP, ANNETTE
7201 RIDGEWOOD AVE
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WREN, LARRY	
STREET ADDRESS	21 WOODLAND HILLS DR	
CITY-ST-ZIP	BISMARCK IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRIPP, JEFFREY	
STREET ADDRESS	2 BRASTON LANE	
CITY-ST-ZIP	JORDAN NY 13080	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRIPP, ANNETTE	
STREET ADDRESS	2 BRASTON LANE	
CITY-ST-ZIP	JORDAN NY 13080	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LUNKENHEIMER, VICKI	
STREET ADDRESS	7201 RIDGEWOOD AVE. #14	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomas Hernandez	
STREET ADDRESS	7201 Ridgewood Ave #23	
CITY-ST-ZIP	cape canaveral FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Wilcox	
STREET ADDRESS	7201 Ridgewood Ave #13	
CITY-ST-ZIP	cape canaveral FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annelle L. Tripp* SECRETARY REQUIRED *Annelle L. Tripp* Secretary 4/4/00 3:5-689-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)