

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751473

1. Entity Name

SEA TURTLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7201 RIDGEWOOD AVE  
CAPE CANAVERAL FL 32920

Mailing Address

SEA TURTLE CONDO C/O JEFF TRIPP  
#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

7. Name and Address of New Registered Agent

TRIPP, ANNETTE  
7201 RIDGEWOOD AVE  
CAPE CANAVERAL FL 32920

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS HERNANDEZ, TOMAS  
CITY-ST-ZIP 7201 RIDGEWOOD AVE #23  
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS TRIPP, JEFFREY  
CITY-ST-ZIP 2 BRASTON LANE  
JORDAN NY 13080 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME S  
STREET ADDRESS TRIPP, ANNETTE  
CITY-ST-ZIP 2 BRASTON LANE  
JORDAN NY 13080 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME VD  
STREET ADDRESS WILCOX, WENDY  
CITY-ST-ZIP 7201 RIDGEWOOD AVE #13  
CAPE CANAVERAL FL 32920 ☒ Delete

TITLE  
NAME VD  
STREET ADDRESS Victoria Lunkenheimer  
CITY-ST-ZIP 13054 Rt 176  
Hannibal, N.Y. 13074 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Tripp

3-3-01

315-689-9722

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

008625

CR2E037 (10/00)