

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 751473**

1. Entity Name

**SEA TURTLE CONDOMINIUM ASSOCIATION, INC.****FILED****Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90092 023 \*\*\*\*61.25

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2296008**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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 **PD** ☐ Delete  
NAME **HERNANDEZ, TOMAS**  
STREET ADDRESS **7201 RIDGEWOOD AVE #23**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **TRIPP, JEFFREY**  
STREET ADDRESS **2 BRASTON LANE**  
CITY-ST-ZIP **JORDAN NY 13080**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **TRIPP, ANNETTE**  
STREET ADDRESS **2 BRASTON LANE**  
CITY-ST-ZIP **JORDAN NY 13080**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **LUNKENHEIMER, VICTORIA**  
STREET ADDRESS **13054 RT 176**  
CITY-ST-ZIP **HANNIBAL NY 13074**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **3-7-02**Daytime Phone # **315689-9722**

CR2E037 (9/01)