


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90075 049 \*\*\*\*61.25

<b>DOCUMENT # 751473</b> 1. Entity Name <b>SEA TURTLE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7201 RIDGEWOOD AVE CAPE CANAVERAL FL 32920</b>			Mailing Address <b>SEA TURTLE CONDO C/O JEFF TRIPP #2 BRASTON LN JORDAN NY 13080</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>896 Limerick Drive</b> Suite, Apt. #, etc.			
City & State <b>Merritt Island FL</b>		4. FEI Number <b>59-2296008</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32953</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRIPP, ANNETTE 7201 RIDGEWOOD AVE CAPE CANAVERAL FL 32920</b>			7. Name and Address of New Registered Agent Name <b>Julie K. Song</b> Street Address (P.O. Box Number is Not Acceptable) <b>896 Limerick Drive</b> City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32953</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Julie K Song</i></u> DATE <u>3/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, TOMAS 7201 RIDGEWOOD AVE #23 CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SONG, JULIE 896 LIMERICK DR. MERRITT ISLAND FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIPP, ANNETTE 2 BRASTON LANE JORDAN NY 13080	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZANDON, MR. ALAIN 580 SOUTH BREVARD AVE. COCOA BEACH FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <u><i>Julie K Song</i></u> <u>3/30/04</u> <u>321-453-8752</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		