


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90060 002 ****61.25

DOCUMENT # 751473 1. Entity Name SEA TURTLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7201 RIDGEWOOD AVE CAPE CANAVERAL, FL 32920			Mailing Address 896 LIMERICK DRIVE MERRITT ISLAND, FL 32953		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 650 NORTH ATLANTIC AVE Suite, Apt. #, etc. UNIT 407			
City & State		City & State COCOA BEACH, FL		4. FEI Number 59-2296008	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City 32931		City COCOA BEACH, FL		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SONG, JULIE K 896 LIMERICK DRIVE MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name TOMAS HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 650 NORTH ATLANTIC AVE #407 City COCOA BEACH FL Zip Code 32931		
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>Tomas F. Hernandez</u> SEA TURTLE CONDO SECRETARY/TREASURER 1-12-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	SECRETARY/TREASURER/DIRECTOR HERNANDEZ, TOMAS 650 NORTH ATLANTIC AVE #407 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SONG, JULIE 896 LIMERICK DR. MERRITT ISLAND, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR STEPHEN KEITH 7201 RIDGEWOOD AVE #13 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SONG, SI Y 896 LIMERICK DRIVE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Tomas F. Hernandez</u> TOMAS HERNANDEZ 1-12-05 321-867-5459 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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