

FILE NOW: FILING FEE IS \$61.25

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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754984 (3)
1. Corporation Name
TORTOISE VIEW HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business P.O. BOX 372194 SATELLITE BEACH FL 32937	Mailing Address P.O. BOX 372194 SATELLITE BEACH FL 32937
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3. Date Incorporated or Qualified 11/04/1980	4. FEI Number 59-2898479	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**GOERGE, RABINE
424 TORTOISE VIEW CIRCLE
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent
81 Name **LAWRENCE MOSEROWITZ TREAS**
82 Street Address (P.O. Box Number is Not Acceptable)
467 TORTOISE VIEW CIR
83
84 City **SATELLITE BEACH** FL 85 Zip Code **32937**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lawrence Moserowitz* **LAWRENCE MOSEROWITZ** **4/29/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	MCENANY, BILL	
STREET ADDRESS	496 TORTOISE VIEW CR	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	SD	☒ DELETE
NAME	REA, KAY	
STREET ADDRESS	440 TORTOISE VIEW CIR	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	D	☐ DELETE
NAME	WHITING, WILLIAM	
STREET ADDRESS	416 TORTOISE VIEW CIR	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	TD	☒ DELETE
NAME	HAMILTON, ROBERT	
STREET ADDRESS	484 TORTOISE VIEW CR	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	D	☐ DELETE
NAME	HALL, ROY	
STREET ADDRESS	483 TORTOISE VIEW CIR	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	RAYMOND RICHARDS	
1.3 STREET ADDRESS	472 TORTOISE VIEW CIR	
1.4 CITY-ST-ZIP	SATELLITE BCH, FL	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	LORI JAREK	
2.3 STREET ADDRESS	471 TORTOISE VIEW CIR	
2.4 CITY-ST-ZIP	SATELLITE BCH, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	LAWRENCE MOSEROWITZ	
4.3 STREET ADDRESS	467 TORTOISE VIEW CIR	
4.4 CITY-ST-ZIP	SATELLITE BCH. FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence Moserowitz* **LAWRENCE MOSEROWITZ** **4/29/98** **(407) 777-4625**

CR2E037 (10/97)