2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90016 044 ****61.25

DOCUMENT # 754984

1. Entity Name

TORTOISE VIEW HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 372194 SATELLITE BEACH FL 32937	P.O. BOX 372194 SATELLITE BEACH FL 32937-0194

DO NOT WRITE IN THIS SPACE

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 59-2898479 ☐ 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
MOSEROWITZ, LAWRENCE 467 TORTOISE VIEW CIRCLE SATELLITE BEACH FL 32937	Name Robert Hamilton Street Address (P.O. Box Number is Not Acceptable) 484 tortoise view cr City Satellite Bch FL Zip Code 32937

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 / STREET ADDRESS / CITY-ST-ZIP	PD RICHARDS, RAYMOND 472 TORTOISE VIEW CIRCLE SATELLITE BCH FL	☑ Delete	PD CHANVIN MIKE 417 Tortoise View Cr Satellite Bch, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAREK, LORI 471 TORTOISE VIEW CIRCLE SATELLITE BCH FL	☑ Delete	SD RABINE, George 424 Tortoise View Cr Satellite Bch, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITING, WILLIAM 416 TORTOISE VIEW CIR SATELLITE BCH. FL	☑ Delete	D whiting William 416 Tortoise View Cr Satellite Bch, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOSEROWITZ, LAWRENCE 467 TORTOISE VIEW CIRCLE SATELLITE BCH. FL	☑ Delete	TD HAMILTON Robert 484 Tortoise View Cr Satellite Bch, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ROY 463 TORTOISE VIEW CIR SATELLITE BCH FL	☑ Delete	D wetzel William 432 Tortoise View Cr Satellite Bch, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Robert Hamilton Treasurer TVHA 4/16/00 407 773 4943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #