2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90133 047 ****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

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
HAMILTON, ROBERT 484 TORTOISE VIEW CR SATELLITE BEACH FL 32937	Name CHAUVIN, [redacted] ELLEN Street Address (P.O. Box Number is Not Acceptable) 417 TORTOISE VIEW CIRCLE City SATELLITE BEACH 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 Ellen Chauvin 3-01-02
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 CHAUVIN, MIKE 417 TORTOUSE VIEW CR SATELLITE BEACH FL 32937	☒ Delete	PD ELLEN CHAUVIN 417 TORTOISE VIEW CIRCLE SATELLITE BEACH FL 32937	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RABINE, GEORGE 424 TORTOUSE VIEW CR SATELLITE BEACH FL 32937	☒ Delete	SD ELIZABETH FINKELSTEIN 421 TORTOISE VIEW CIRCLE SATELLITE BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITING, WILLIAM 416 TORTOISE VIEW CIR SATELLITE BEACH FL 32937	☐ Delete		☐ Change ☒ Deletion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMILTON, ROBERT 484 TORTOUSE VIEW CR SATELLITE BEACH FL 32937	☒ Delete	TD EILEEN WETZEL 432 TORTOISE VIEW CIRCLE SATELLITE BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM, WETZEL 432 TORTOUSE VIEW CR SATELLITE BEACH FL 32937	☒ Delete	D RAY REA 440 TORTOISE VIEW CIRCLE SATELLITE BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Ellen Chauvin RECEIVED PRESIDENT 3-01-02 (321)779 8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #