

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90218 038 ****61.25

DOCUMENT # 754984

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

CHAUVIN, ELLEN
417 TORTOISE VIEW CIRCLE
SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Ellen Chauvin ELLEN CHAUVIN, TORTOISE VIEW HOA PRESIDENT MARCH 29, 2005
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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME CHAUVIN, ELLEN ☐ Delete
STREET ADDRESS 417 TORTOISE VIEW CR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE P
NAME ELLEN CHAUVIN ☐ Change ☐ Addition
STREET ADDRESS 417 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE SD
NAME FINKELSTEIN, ELIZABETH ☐ Delete
STREET ADDRESS 421 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE S
NAME DEBORAH COX ☐ Change ☒ Addition
STREET ADDRESS 492 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME WHITING, WILLIAM ☒ Delete
STREET ADDRESS 416 TORTOISE VIEW CIR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE T
NAME GREG PALMER ☒ Change ☐ Addition
STREET ADDRESS 484 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TD
NAME WETZEL, EILEEN ☐ Delete
STREET ADDRESS 432 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME EILEEN WETZEL ☒ Change ☐ Addition
STREET ADDRESS 432 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME PALMER, GREG ☐ Delete
STREET ADDRESS 484 TORTOISE VIEW CIR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME ELIZABETH FINKELSTEIN ☒ Change ☐ Addition
STREET ADDRESS 421 TORTOISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Ellen Chauvin ELLEN CHAUVIN, TORTOISE VIEW HOA PRESIDENT 3-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-321-779-8183