# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2006 8:00 am**
**Secretary of State**
05-02-2006 90200 027 ****61.25

60034246

DOCUMENT # 754984

1. Entity Name
TORTOISE VIEW HOMEOWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 372194<br>SATELLITE BEACH, FL 32937 | P.O. BOX 372194<br>SATELLITE BEACH, FL 32937 |

01252006 Chg-NP CR2E037 (11/05)

| 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 |
|---|---|
| CHAUVIN, ELLEN<br>417 TORTOISE VIEW CIRCLE<br>SATELLITE BEACH, FL 32937 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CHAUVIN, ELLEN<br>417 TORTOUSE VIEW CR<br>SATELLITE BEACH, FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TREASURER<br>GREG PALMER<br>484 TORTOISE VIEW CR.<br>SATELLITE BEACH FL 32937 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FINKELSTEIN, ELIZABETH<br>421 TORTOISE VIEW CIRCLE<br>SATELLITE BEACH, FL 32937 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBERT LAMB,<br>MEMBER-AT-LARGE<br>496 TORTOISE VIEW CR.<br>SATELLITE BEACH FL 32937 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>COX, DEBORAH<br>492 TORTOISE VIEW CIRCLE<br>SATELLITE BEACH, FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MEMBER-AT-LARGE<br>HENRY LORENZEN<br>480 TORTOISE VIEW CR.<br>SATELLITE BEACH FL 32937 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WETZEL, EILEEN<br>432 TORTOISE VIEW CIRCLE<br>SATELLITE BEACH, FL 32937 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PALMER, GREG<br>484 TORTOISE VIEW CIR<br>SATELLITE BEACH, FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 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 exemptions contained in Chapter 119, 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 Miller-Chauvin ELLEN MILLER-CHAUVIN 4-15-06 (321)779-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR T.V.H.A. PRESIDENT Date Daytime Phone #