2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90035 021 ****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

02032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 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 PRESIDENT 03/02/07
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, 2007

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	T PALMER, GREG 484 TORTOISE VIEW CIR SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DMAL LAMB, ROBERT 496 TORTOISE VIEW CIR SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COX, DEBORAH 492 TORTOISE VIEW CIRCLE SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KALINA, DEBI 455 TORTOISE VIEW CIR. SATELLITE BEACH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, GREG 484 TORTOISE VIEW CIR SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DMAL LORENZEN, HENRY 480 TORTOISE VIEW CIR SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DMAL MORIARTY, MARTHA 460 TORTOISE VIEW CIR. SATELLITE BEACH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAUVIN, ELLEN 417 TORTOISE VIEW CIR. SATELLITE BEACH, FL 32937	☐ 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 Chauvin ELLEN CHAUVIN 03/02/07 (321)779-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #