## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #754984**

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



FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90035 021 \*\*\*\*61.25

Principal Place of Business P. P.O. BOX 372194 SAFELITE BEACH, FL 32937  Z. Principal Place of Business P. P.O. BOX # P. P.O. BOX # SAFELITE BEACH, FL 32937  Z. Principal Place of Business P. P.O. BOX # SAFELITE BEACH, FL 32937  Z. Principal Place of Business P. P.O. BOX # SAFELITE BEACH, FL 32937  Z. Principal Place of Business P. P.O. BOX # SAFELITE BEACH, FL 32937  Z. Principal Place of Business P. P.O. BOX # SAFELITE BEACH, FL 32937  Z. Principal Place of Business P. P.O. BOX # SAFELITE BEACH, FL 32937  Z. Principal Place Safe Safe Safe Safe Safe Safe Safe Saf				199	E I						
Suite, API, F. etc.    Suite, API, F. etc.	P.O. BOX 372194 P.O.		P.O. BOX 372194	. BOX 372194		: # <b>##</b> 701 <b>  ###</b> 44	0 (1835)   1844 <b>- 1</b> 855			<b>                                 </b>	
CRY & State  Cay & State  Country  Special Country  Special Cay & State  Cay & State Desired  Street Address of New Registered Agent  Chauvin, Ellen  417 TORTOISE VIEW CIRCLE  Saffellite BEACH, FL 32937  Cay  FL Zip Code  Cay  FL Zip Code  F	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	ling Address							
Special Country   Zip   Country   Zip   Country   Special Special   Special Special   Sp. 75 Academical	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02032007 <sub>CI</sub>	ng-NP	CR2EO	37 (12/06)		
Country   Country   Country   Country   Country   S. Contricate of Status Decord   S.8.75 Austroans   S.8.	City & State	е	City & State				 '9	<del></del>	1— <del>1</del> —	<del></del>	
CHAUVIN, ELLEN 417 TORTOISE VIEW CIRCLE SATELLITE BEACH, FL 32937  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  Cit	Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add	ditional	
CHAUVIN, ELLEN 477 TORTOISE VIEW CIRCLE SATELLITE BEACH, FL 32937  28. The above named entry submits this stafement 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**  **SUBMAN, Inceed of entert submit of the guithed agent strate in reclicates.  **PULLEN**  **ELLEN**  **CHAUVIN**  **ELLEN**  **CHAUVIN**  **ELLEN**  **CHAUVIN**  **ELLEN**  **CHAUVIN**  **ERSTORNT**  **SUBMAN, Inceed of entert submit of sugithed agent strate in reclicates.  **NOTE floridated Agent supmit in source of the reclicates.  **PULLEN**  **SUBMAN, Inceed of entert submit of sugithed agent strate in reclicates.  **PULLEN**  **SUBMAN, Inceed of entert submit of sugithed agent strate in reclicates.  **PULLEN**  **PULLE		6. Name and Address of Current F	Registered Agent			7. Name and Add	ress of New F	Registered	Agent		
### STREET ADDRESS STEELLITE BEACH, FL 32937    STREET ADDRESS   STREET AD				Name							
B. 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    Compared   Compar	417 TORTOISE VIEW CIRCLE										
8. The above named entry submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fairfish with, and accept the obligations of registered agent.    Pattern				City		<del></del>		Fi	Zip Cod	le	
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Filing Fee is \$61.25 Due by May 1, 2007  Triss Fund Contribution  Tass Fund Contribution  The Added to Fees  ### Added to Fees	ale obligat	(AA) AA								}	
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Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  III.E  PALMER, GREG  484 TORTOISE VIEW CIR  SIRETI ADDRESS  ATELLITE BEACH, FL 32937  III.E  DMAL  LAMB, ROBERT  MAME  AME  AME  CITY-SI-2P  Addition  AME  SIRETI ADDRESS  ATELLITE BEACH, FL 32937  III.E  D  D  Addition  AME  SIRETI ADDRESS  CITY-SI-2P  III.E  D  Addition  AME  AME  AME  ADDRESS  ATELLITE BEACH, FL 32937  III.E  D  Addition  AME  ADDRESS  ADD		Signature, typed or printed hame of registered agent a	nd lide if applicable	(NOTE Hegistered Agentisis	uatrite tedrited i	when reinstiting)		DATE			
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CRY-SI-ZP CRY-SI-ZP SATELLITE BEACH, FL 32937  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Charder 119 Florida Standard In Standard In Charder 119 Florida Standard In Charder 119 F		1			s 4,3	TARTOLLE	11156	CIR		1	
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Character 119. Florida Statutes 1 further certify that the information											
	CITY - ST- ZIP			1	SAT	FILITE A	CFACH I	FL ZA	937	İ	

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:	llen Chauren	ELLEN	CHAUVIN	03/02/07	(321)779-818	<u>3</u> 3
_	SIGNATURE AND TYPED OR PRINTED HAME	E OF SIGNING OFFICER OR DIRECTOR		Date	Daytma Phone #	