2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 754984

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

Current Principal Place of Business:

P.O. BOX 372194
SATELLITE BEACH, FL 32937

New Principal Place of Business:

492 TORTOISE VIEW CIRCLE
SATELLITE BEACH, FL 32937

Current Mailing Address:

P.O. BOX 372194
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2898479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSCILLO, DEBORAH
492 TORTOISE VIEW CR
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: PALMER, GREG
Address: 484 TORTOISE VIEW CIR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: P ( ) Delete
Name: RUSCILLO, DEBORAH
Address: 492 TORTOISE VIEW CR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete
Name: KALINA, DEBI
Address: 455 TORTOISE VIEW CIR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: LORENZEN, HENRY
Address: 480 TORTOISE VIEW CIR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DMAL ( ) Delete
Name: CHAUVIN, ELLEN
Address: 417 TORTOISE VIEW CR
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMAL (X) Change ( ) Addition
Name: PALMER, GREG
Address: 484 TORTOISE VIEW CIR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH RUSCILLO P 01/26/2009
Electronic Signature of Signing Officer or Director — Date