2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 14, 2003 8:00 am Secretary of State **DOCUMENT # 754984** 04-14-2003 90084 006 ****61.25 TORTOISE VIEW HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. ROX 372194 P.O. BOX 372194 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2898479 Applied For City & State City & State Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAUVIN, ELLEN Street Address (P.O. Box Number is Not Acceptable) 417 TORTOISE VIEW CIRCLE SATELLITE BEACH FL 32937 City 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 4-01-03 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition TITLL ☐ Delete TITI F CHAUVIN, ELLEN NAME NAME 417 TORTOUSE VIEW CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE FINKELSTEIN, ELIZABETH NAME NAME STREET ADDRESS **421 TORTOISE VIEW CIRCLE** STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP -- -Delete TITLE Change TITLE WHITING, WILLIAM NAME NAME STREET ADDRESS 416 TORTOISE VIEW CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Change Addition Delete TITLE TITLE Wetzel, eileen NAME NAME 432 TORTOISE VIEW CIRCLE STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SATELLITE BEACH FL 32937 (MEMBER-AT-LARGE) Delete TITLE Change Addition TITLE REA, RAY GREG PALMER NAME NAME 440 TORTOISE VIEW CIRCLE STREET ADDRESS 484 TORTOISE VIEW CIRCLE STREET ADDRESS CITY-ST-7IP SATELLITE BEACH FL 32937 CITY-ST-ZIP 32937 ☐ Addition ☐ Change TITLE Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

FILED