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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

93 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755209 (4)

1. Corporation Name

TURTLE BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

380 8TH AVE N
TIERRA VERDE FL 33715
US

Mailing Address

870 RESOURCE PROPERTY MANAGEMENT
1601 E BAY DRIVE, SUITE 4
LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1980	3a. Date of Last Report 02/02/1994
4. FEI Number 59-2166919	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 C/O CMG

27 Suite, Apt. #, etc.

28 P.O. BOX 47068
City & State
ST. PETERSBURG, FL

29 Zip

33743

Country
US

10. Name and Address of New Registered Agent

81 Name DEBRA R. LISHEID
82 Street Address (P.O. Box Number is Not Acceptable) 1700 66TH ST. N.
83 SUITE # 207
84 City ST. PETERSBURG, FL
85 Zip Code 33710

9. Name and Address of Current Registered Agent

**POSTON, VERONICA
1601 E BAY DRIVE, SUITE 4
LARGO, 34644**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Debra R. Lisheid

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MANEY, JIM	1.1 TITLE PD	1.2 NAME HOCHMAN, HERSCHEL
STREET ADDRESS 380 8TH N. #8	CITY - ST - ZIP TIERRA VERDE FL	1.3 STREET ADDRESS 350 8TH AVE. N., #8	1.4 CITY - ST - ZIP TIERRA VERDE, FL. 33715
TITLE PD	NAME HOCHMAN, HERSCHEL	2.1 TITLE VPO	2.2 NAME MC KENNA, MIKE
STREET ADDRESS 350 8TH AVE N #8	CITY - ST - ZIP TIERRA VERDE FL	2.3 STREET ADDRESS 360 8TH AVE. N. #7	2.4 CITY - ST - ZIP TIERRA VERDE, FL. 33715
TITLE SD	NAME LOWE, SUZANNE	3.1 TITLE	3.2 NAME
STREET ADDRESS 380 8TH AVENUE, 4	CITY - ST - ZIP TIERRA VERDE FL	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Herschel Hochman Pres

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

HERSCHEL HOCHMAN

4/30/95

Date

893-9186

(Anytime Phone #)