## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755209

(4)

Mailing Address

## TURTLE BAY CLUB CONDOMINIUM ASSOCIATION, INC.

## FILED May 05 1998 8:00am Secretary of State

l											
360 8TH AVE N TIERRA VERDE FL 33715 US				% CMG PO BOX 47068 ST PETERSBURG FL 33743 US			3. Date Incorporated or Qualified				
							11/20/1980				
								4. FEI Number		pplied For	
						_		59-2166919	N	ot Applicable	
2. Principal Place of Business 2a. Mailing Address							6. Certificate of Status Desired	\$8.75	Additional		
212			26	26				5. Certificate of Status Desired Fee Required			
Suite, Apt. #, etc. Suite, Apt. #, etc.				uite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be	
22 27			27					Trust Fund Contribution Added to Fees			
City & State City & State							7. Is this nonprofit corporation a homeowners association?				
23 28								Yes No			
Zip		Country	Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25 29 30				30		Personal Property Tax due June 30.  Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
[						81 Name	1			Į.	
	, Debra R.					82 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
1700 NC	orth eeth	STREEET				5530 1st Ale V					
STE 207	7					83					
ST PETE	ersburg f	L 33710				84 City			er Zin	Code	
						<b>~</b>  ~	42.5	tersburg FL	100 /5%	Code	
11. Pursuant	to the provisi	ons of Sections 617.0	502 and 617	.1508, Florida Statul	les, the a	ove-named	corpo	ration submits this statement for the purpose of c n's board of directors. I hereby accept the appoi	hanging i	its registered	
office or r	registered ag	ent, or both, in the St	ate of Florida.	. Such change was Section 617 0503 El	authorized oride Stet	l by the cor	rporatio	n's board of directors. I hereby accept the appoi	ntment as	registered	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed	or printed name of registered	agent and title if a	pplicable. (NOT	E: Registered	Agent signatur	e required	when reinstating) DATE		I.	
12.		OFFICERS A	NO DIRECTO	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 12	
TITLE	PD			DELETE	1.11	u£			Change	Addition	
NAME	MORGAI	N, JOSEPH			1.2 N	ME				li	
STREET ADDRESS	360 STH	AVENUE #5			1.3 ST	REET ADORESS				li li	
CITY-ST-ZIP	TIERRA 1	VERDE FL			1.4 CF	Y-ST-ZIP	]				
TITLE	SD			DELETE	2.1 Til		130		Change	Addition	
NAME	HARVEY	M JUNE			2.2 N	ME	Hat	tchek. Timothy.	•	′	
STREET ADDRESS		AVE NO #11			2.3 ST	EET ADDRESS	2/0	0 8th Ave N'#6		ł	
CITY-ST-ZIP		VERDE FL				TY-ST-ZIP	<b>Y</b>	200 V-rd- FL 3371	15		
TITLE	70	<u> </u>		DELETE	3.1 10		╁╬	ACTION OF THE PARTY OF THE PART	Change	Addition	
NAME		LS, GARY			3.2 N		100	WER VARGER FRANK		7	
STREET ADDRESS		AVENUE NORTH	<b>61</b>			REET ADDRESS	2:5	2 81h 1/2 1/#8		İ	
		VERDE FL	7 1				<u>۱</u> ۲۳	10 AVE 1 E1 327	15		
CITY-ST-ZIP	HEINS!	TOWN IL		DELETE	3.4. CI	Y-ST-ZIP	11.5	TCLER, TIMOTHY  0 8th Ave N +6  RRAVERDE, FL 337,  1LLER. KARGER, FRANK  0 8th Ave N #8  EKKA YCKOR, FL 337,	Channe	Addition	
				_ occit				· .	onenge		
NAME					4.2 N					i	
STREET ADDRESS						REET ADDRESS	1				
CITY-ST-ZIP	<del></del>			T on ove	_	Y-ST-ZIP	<del> </del>		7 Ch	1,649:	
TITLE				DELETE	5.1 Tri			L	Change	☐ Addition	
NAME					5.2 NA						
STREET ADDRESS					5.3 ST	REET ADDRESS					
CITY-S1-ZIP		,				Y-ST-ZIP	ļ				
TITUE				DELETE	6.1 TIT	LE			Change	☐ Addition	
NAME					6.2 NA	ME					
STREET ADDRESS					6.3 ST	REET ADDRESS	1			1	
CITY-ST-ZIP						Y-ST-ZIP	<u>L</u> .			i	
14. I hereby o	ertify that the	Information supplied	with this filin	g does not qualify for	or the exe	mption stat	ed in Se	ection 119.07(3)(i), Florida Statutes. I further certi	fy that the	information	

In hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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

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813-360772