2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am Secretary of State DOCUMENT # 755209 05-01-2000 90462 036 ****61.25 TURTLE BAY CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address % CMG 360 8TH AVE N V90001 Tierra verde fl 33715 PO BOX 47068 ST PETERSBURG FL 33743-7068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2166919 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LISHEID, DEBRA R. 5530 1ST AVE N ST PETERSBURG FL 33110 Zip Code FL 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 SIGNATURE ... Signature, typed or printed name of registered agent and title if applicable. ${\bf r}' = {\bf r}' = {\bf r}' = {\bf r}'$ (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition PD TITLE TITLE → _Oeiete NAME MORGAN, JOSEPH NAME STREET ADDRESS STREET ADDRESS 360 8TH AVENUE #5 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME HATCHER, TIMOTHY NAME STREET ADDRESS STREET ADDRESS 360 8TH AVE N, #6 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MULLER-KARGER, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 350 8TH AVE N, #8 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNTRANK MULLER KARGER

SIGNATURE:

FILED

10/727-381-1712