

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL 14 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758283 (6)
1. Corporation Name
TURTLE KEY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1800 SOUTH ORLANDO AVE
APT. 12
COCOA BEACH FL 32931
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1981 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2672774 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 2a. Mailing Address
21 1800 South Orlando Ave. #8 26 1800 South Orlando Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Apt 8 27 Apt 4
City & State City & State
23 Cocoa Beach FL 28 Cocoa Beach FL
Zip Country Zip Country
24 32931 25 Brevard 29 32931 30 Brevard

9. Name and Address of Current Registered Agent
LUCHUK, STEVEN W
1800 SOUTH ORLANDO AVE #12
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
81 Name Tom LEVITT
82 Street Address (P.O. Box Number is Not Acceptable) 1800 So. Orlando Ave Apt 4
83
84 City Cocoa Beach FL 85 Zip Code 32931

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 Thomas W. Luchuk
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/25/95
DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1 REEB, RON 1800 S. ORLANDO AVE. #7 COCOA BEACH, FL 32931
2 SEMDER, DIETER 1800 S ORLANDO AVE #1 COCOA BEACH, FL 32931
3 STD LUCHUK, STEVE 1800 S. ORLANDO AVE. #12 COCOA BEACH, FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE (D) President ☒ Change ☐ Addition
1.2 NAME Barbara Brennan
1.3 STREET ADDRESS 1800 South Orlando Ave. #8
1.4 CITY - ST - ZIP Cocoa Beach, FL 32931
2.1 TITLE (D) Vice President ☒ Change ☐ Addition
2.2 NAME Linda Brink
2.3 STREET ADDRESS 1800 South Orlando Ave. #2
2.4 CITY - ST - ZIP Cocoa Beach, FL 32931
3.1 TITLE (D) Secretary / Treasurer ☒ Change ☐ Addition
3.2 NAME Tom Levitt
3.3 STREET ADDRESS 1800 South Orlando Ave. #4
3.4 CITY - ST - ZIP Cocoa Beach, FL 32931
4.1 TITLE Administrative Assistant ☒ Change ☐ Addition
4.2 NAME Steve Luchuk
4.3 STREET ADDRESS 1800 South Orlando Ave. #12
4.4 CITY - ST - ZIP Cocoa Beach, FL 32931
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven W. Luchuk 4/25/95 (407) 861-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #