

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758283 (6)
 1. Corporation Name
TURTLE KEY ASSOCIATION, INC.



Principal Place of Business 1800 SOUTH ORLANDO AVE APT. 8 COCOA BEACH FL 32931 US		Mailing Address 1800 SOUTH ORLANDO AVE APT. 8 COCOA BEACH FL 32931-2376 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 11/03/1981		3a. Date of Last Report 02/26/1996	
4. FEI Number 59-2672774		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEVITT, TOM W 1800 SOUTH ORLANDO AVE #4 COCOA BEACH FL 32931		10. Name and Address of New Registered Agent 81 Name BARBARA BRENNAN 82 Street Address (P.O. Box Number is Not Acceptable) 1800 S. ORLANDO AVE. #8 83 84 City COCOA BEACH FL 85 Zip Code 32931	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Barbara Brennan BARBARA BRENNAN 3/25/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, BARBARA	1.2 NAME	
STREET ADDRESS	1800 S. ORLANDO AVE. #8	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINK, LINDA	2.2 NAME	
STREET ADDRESS	1800 S ORLANDO AVE #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, TOM	3.2 NAME	JAN REEB
STREET ADDRESS	1800 S. ORLANDO AVE. #4	3.3 STREET ADDRESS	1800 S. ORLANDO AVE. #7
CITY-ST-ZIP	COCOA BEACH, FL	3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GREG FALES
STREET ADDRESS		4.3 STREET ADDRESS	311 MERIDIAN DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 Barbara Brennan BARBARA BRENNAN 3/25/97 4071

CR2E037 (9/96)