## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2006 8:00 am **Secretary of State DOCUMENT # 758283** 03-15-2006 90096 028 \*\*\*\*61.25 1. Entity Name TURTLE KEY ASSOCIATION, INC. Principal Place of Business Mailing Address 1800 SOUTH ORLANDO AVE 200 N FIRST STREET COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2672774 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIGERMAN, MARILYN A Street Address (P.O. Box Number is Not Acceptable) 200 N FIRST STREET COCOA BEACH FL 32931 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees March Control of the Control OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. DP ☐ Change TITLE ☐ Delete TITLE DI Rokobaner Robert REEB, RON NAME NAME 1800 5 Orlando Ave 1800 S ORLANDO AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP F432431 CITY-ST-ZIP DVP TITLE Delete TITLE Change ☐ Addition THOMPSON, RICHARD NAME NAME 1800 S ORLANDO AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP TOTAL TITLE ☐ Change Delete Addition | DUFFIELD, MICHAEL NAME NAME STREET ADDRESS 1800 S ORLANDO AVENUE STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Delete DS TITLE TITLE Change ☐ Addition SKIDMORE, ANN NAME NAME STREET ADDRESS 1800 S ORLAND AVE STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-\$1-ZiP TITLE Change ☐ Addition TITLE ☐ Delete GORDON, GREG NAME NAME 1800 S ORLANDO AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an other like empowered.

CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP

Ann Slidmann

**FILED**