

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90062 042 ****61.25



DOCUMENT # 758283
 1. Entity Name
TURTLE KEY ASSOCIATION, INC.

Principal Place of Business
 1800 SOUTH ORLANDO AVE
 COCOA BEACH, FL 32931 US

Mailing Address
 200 N FIRST STREET
 COCOA BEACH, FL 32931 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2672774 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

RIGERMAN, MARILYN A
 200 N FIRST STREET
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	REEB, RON	
STREET ADDRESS	1800 S ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	THOMPSON, RICHARD	
STREET ADDRESS	1800 S ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROKOBAUER, ROBERT	
STREET ADDRESS	1800 S ORLANDO AVENUE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SKIDMORE, ANN	
STREET ADDRESS	1800 S ORLAND AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, GREG	
STREET ADDRESS	1800 S ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: X Ron Reeb Pres 3-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #