

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758283

FILED  
May 07, 2009  
Secretary of State

Entity Name: TURTLE KEY ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 SOUTH ORLANDO AVE  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 N FIRST STREET  
COCOA BEACH, FL 32931 US

**New Mailing Address:**

FEI Number: 59-2672774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: REEB, RON  
Address: 1800 S ORLANDO AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: DT ( ) Delete  
Name: THOMPSON, RICHARD  
Address: 1800 S ORLANDO AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: DVP ( ) Delete  
Name: ROKOBAUER, ROBERT  
Address: 1800 S ORLANDO AVENUE  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: GORDON, GREG  
Address: 1800 S ORLANDO AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: DS ( ) Delete  
Name: NOEL, ROLAND  
Address: 18005 ORLANDO AVE  
City-St-Zip: ORLANDO, FL 32831

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON REEB

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

05/07/2009

\_\_\_\_\_  
Date