

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90054 017 ***150.00

DOCUMENT # G19740

1. Entity Name

TURTLE BEACH REALTY, INC.



Principal Place of Business

283 BOUGAINVILLEA DRIVE
JUPITER FL 33458
US

Mailing Address

PO BOX 14812
N PALM BCH FL 33408
US

J0014304

2. Principal Place of Business

5069 MAGNOLIA BAY CIR.

3. Mailing Address

Suite, Apt. #, etc.

Palm BEACH GARDENS, FL
City & State 33418

City & State

Zip
33418

Country
USA

Zip

Country

4. FEI Number 59-2259740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROZELLE, PATRICIA R.
283 BOUGAINVILLEA DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5069 MAGNOLIA BAY CIR.

PALM BEACH GARDENS

City

FL

Zip Code

33418

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROZELLE, PATRICIA R. ☐ Delete
STREET ADDRESS 283 BOUGAINVILLEA DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5069 MAGNOLIA BAY CIR.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I 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 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 607, 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: *Patricia Rozelle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Rozelle - 2/4/05

Date

Daytime Phone #

561-626-8023