

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90097 023 ****61.25

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1. Entity Name
TORTUGA DUNES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**250 ESCANABA AVE
PANAMA CITY BEACH, FL 32413**

Mailing Address
**P O BOX 9344
PANAMA CITY BEACH, FL 32417**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012007 Chg-NP CR2E037 (12/06)

4. FEI Number **61-1519639**
~~29-6620327~~

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBSON, THOMAS S
206 E 4TH ST
P O BOX 39
PORT ST JOE, FL 32457**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete
NAME **MCLAUGHLIN, CHRISTINE L**
STREET ADDRESS **250 ESCANABA AVE**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **D** ☐ Delete
NAME **ALLEN, CARL**
STREET ADDRESS **101 MONTE PALO**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **D** ☐ Delete
NAME **LABANOWSKI, MICHAEL**
STREET ADDRESS **1893 GREEN RD**
CITY-ST-ZIP **DOTHAN, AL 36303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE MCLAUGHLIN

Date

Daytime Phone #

2-2-07

850-234-3329