
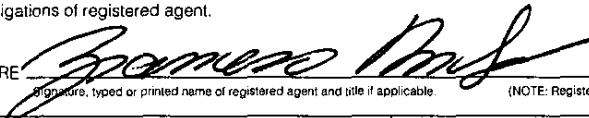


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90030 047 ***150.00

| | | | | | |
|---|-----------------------------------|---|--|---|--|
| DOCUMENT # N01000006941 1. Entity Name TARTARUGA RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business HWY 221, RT. 2, BOX 121-K GREENVILLE, FL 32331 | | | Mailing Address 303 ASHLEY RD GREENVILLE, FL 32331 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ARNOLD, FRANCESCA HWY 221, RT. 2, BOX 121-K GREENVILLE, FL 32331 | | | | Name FRANCESCA ARNOLD Street Address (P.O. Box Number is Not Accepted) 303 ASHLEY RD City GREENVILLE FL 32331 | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 3-10-04 | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARNOLD, FRANCESCA | | NAME | 303 ASHLEY RD | |
| STREET ADDRESS | HWY 221, RT. 2, BOX 121-K | | STREET ADDRESS | GREENVILLE FL 32331 | |
| CITY-ST-ZIP | GREENVILLE, FL 32331 | | CITY-ST-ZIP | GREENVILLE FL 32331 | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARNOLD, DAVID | | NAME | 303 ASHLEY RD | |
| STREET ADDRESS | HWY 221, RT. 2, BOX 121-K | | STREET ADDRESS | GREENVILLE FL 32331 | |
| CITY-ST-ZIP | GREENVILLE, FL 32331 | | CITY-ST-ZIP | GREENVILLE FL 32331 | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TARABINI, ERNESTO | | NAME | 303 ASHLEY RD | |
| STREET ADDRESS | HWY 221, RT. 2, BOX 121-K | | STREET ADDRESS | GREENVILLE, FL 32331 | |
| CITY-ST-ZIP | GREENVILLE, FL 32331 | | CITY-ST-ZIP | GREENVILLE, FL 32331 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 3-10-04 DAYTIME PHONE # 850-9976266 | | |