

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N02980**

1. Entity Name

TURTLE BEACH OF OCEAN RIDGE CONDOMINIUM ASSOCIAT

Principal Place of Business

**5101 N. OCEAN BLVE.
OCEAN RIDGE FL 33435**

Mailing Address

**7187 THOMPSON RD
BOYNTON BEACH FL 33426**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0390237

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HUCKABY, JANET
7187 THOMPSON RD
BOYNTON BEACH FL 33426**

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.

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	SCHNELLENGERGER, HOWARD	
STREET ADDRESS	5109G N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

TITLE	D	☐ Delete
NAME	FISCHER, DOUG	
STREET ADDRESS	5111B N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

TITLE	STD	☐ Delete
NAME	GOLDSTEIN, BRETT	
STREET ADDRESS	5109-F N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

TITLE	D	☐ Delete
NAME	WEBSTER, BOB	
STREET ADDRESS	5105D N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

TITLE	PD	☐ Delete
NAME	COLBERT, PAT	
STREET ADDRESS	5109-C N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

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		

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90376 009 *****61.25

620242

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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