2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90130 016 ****61.25

000430

DOCUMENT # N02980

1. Entity Name

TURTLE BEACH OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5 N. OCEAN BLVE. EAN RIDGE FL 33435	7187 THOMPSON RD BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

Management Services OF AMERICA, INCORPORATED
639 East Ocean Avenue, Suite 204
Boynton Beach, Florida 33435
33435 PBC

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: JANET HUCKABY

Street Address (P.O. Box Number is Not Acceptable): Management Services OF AMERICA, INCORPORATED

City: 639 East Ocean Avenue, Suite 204, Boynton Beach, Florida 33435 FL Zip Code: 33435

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: Janet Huckaby 3-12-02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHNELLENGERGER, HOWARD 5109G N OCEAN BLVD OCEAN RIDGE FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, DOUG 5111B N OCEAN BLVD OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GOLDSTEIN, BRETT 5109-F N OCEAN BLVD OCEAN RIDGE FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBSTER, BOB 5105D N OCEAN BLVD OCEAN RIDGE FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLBERT, PAT 5109-C N OCEAN BLVD OCEAN RIDGE FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 3-12-02 (561) 752-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #