2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

04-30-2007 90432 033 ***122.50
N02980

FILED
07 MAY -3 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02980

1. Entity Name
TURTLE BEACH OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5101 N. OCEAN BLVE. OCEAN RIDGE, FL 33435	639 E OCEAN AVE #204 BOYNTON BEACH, FL 33435 c/o First Source Mgmt

REINSTATEMENT 06-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3200 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 121
City & State	City & State Boca Raton FL
Zip / Country	Zip / Country 33431

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	7. Name and Address of New Registered Agent
TENNYSON, ROD 1450 CENTREPARK BLVD SUITE 100 WEST PALM BEACH, FL 33401	Name: Jay Steven Levine PA. Street Address (P.O. Box Number is Not Acceptable): 2500 N. Military Trail Suite 283 City: Boca Raton FL Zip Code: 33431

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] President 3/15/07
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | **Make check payable to Florida 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	STD CANNING, BILL 5701A 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	D SHANLEY, LYN 51078 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

JR 5/14

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 all other like empowered.

SIGNATURE: W.L. Canning 4/25/07 561 274-0440
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W.L. CANNING