

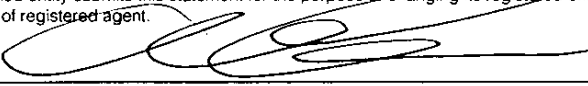
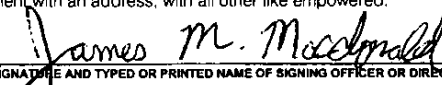


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 036 ****70.00

DOCUMENT # N02980 1. Entity Name TURTLE BEACH OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5101 N. OCEAN BLVE. OCEAN RIDGE, FL 33435			Mailing Address C/O FIRST SOURCE MGMT 3200 N FEDERAL HWY, SUITE #121 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 21045 Commercial Trail Suite, Apt. #, etc.:		3. Mailing Address 21045 Commercial Trail Suite, Apt. #, etc.:			
City & State Boca Raton, Florida Zip 33486		City & State Boca Raton, Florida Zip 33486		4. FEI Number 65-0390237	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAY STEVEN LEVINE PA 2500 N MILITARY TRAIL SUITE 283 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name William Isaacson Street Address (P.O. Box Number is Not Acceptable) C/O Lang Management 21045 Commercial Trail City Boca Raton FL Zip Code 33486		
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  DATE 4-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNELLENGERGER, HOWARD 5109G N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANNING, BILL 5701A N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, BOB 5105D N OCEAN BLVD OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Maureen Darcey 5109-B North Ocean BLD Ocean Ridge FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James Macdonald 5105-A Ocean BLVD BLD. ocean Ridge FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob O'Brien 5103 D North Ocean BLVD Ocean Ridge FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 4/19/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					