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

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

CR2E037 (12/06)

Applied For

Not Applicable

2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # N02980 TURTLE BEACH OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5101 N. OCEAN BLVE. C/O FIRST SOURCE MGMT 3200 N FEDERAL HWY, SUITE #121 OCEAN RIDGE, FL 33435 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 21045 COMMERCIAL TRAIL 21045 Commercial Trail Suite, Apt. #, etc... Suite, Apt., #, etc. 04102008 Chg-NP Boca Raton City & State 4. FEI Numbe 65-0390237

3347	86	ÜSA	33476	USA	5. Certificate of St	atus Desired		e Required	
	6. Name	and Address of Current F		7. Name and Address of New Registered Agent					
JAY STEVEN LEVINE PA 2500 N MILITARY TRAIL					Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) WANA MANA ALMERT				
SUITE 283 BOCA RATON, FL 33431									
BOOK PATON, PE 33431					City 2015 (8mmercial) rall				
					soca Rator	n	FL	Zip Code 334	360
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.									
4-10-08									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to									
Due by May 1, 2008 Trust Fund Contribu					\$5.00 May Be Added to Fees	Į.		nent of St	
10.		OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRE	CTORS IN	10
TITLE	VP		Delete	TITLE			I	Change	☐ Addition
NAME	1	ENGERGER, HOWARI	ט	NAME					
STREET ADDRESS CITY-ST-ZIP		OCEAN BLVD		STREET ADDRESS CITY-ST-ZIP					
	/ ~	IDGE, FL 33435							
TITLE	STD P	DILL	☐ Delete	TITLE			l	Change	☐ Addition
NAME STREET ADDRESS	CANNING	OCEAN BLVD		NAME Street adoress		-			
CITY-ST-ZIP		IDGE, FL 33435		CITY-ST-ZIP					
TITLE	D	1002,12 00100	Delete	TITLE	0.44			tange	Addition
NAME	WEBŞTEI	R. BOB	L S Delete	NAME	Maureen varc	ey as B	י מו	Change	L-I Addition
STREET ADDRESS	1	OCEAN BLVD		STREET ADDRESS	5109-B North	k Ocean U	ملساً		
CITY+ST+ZIP	OCEAN R	IDGE, FL 33435		CITY-ST-ZIP	ocean tid	42 FL 33	3435		
TITLE			☐ Delete	TITLE	O Maurieen Darc 5109-B North Ocean Lid Tames Maci 5105-A Ocea D Bob O'Brie 5103 D North		1	Change	Addition
NAME				NAME	James Maci	donald	,		A .
STREET ADDRESS				STREET ADDRESS	Tue A Nas		alb.	ocean	Kide
CITY-ST-ZIP	İ			CITY-ST-ZIP	3103-H Cut	W. Parisipe 1		PC3	3435
TITLE			☐ Delete	TITLE	D Bob O'Brie	1	ا ا	🗌 Chan g e	Addition
NAME				NAME	GIOT D Nort	rh oceant	ULUP		
STREET ADDRESS				STREET ADDRESS	3703	r1 2211	26		
CITY-ST-ZIP	ļ			CITY-ST-ZIP	Ocean Lidge,	PC 334	<u> </u>		
TITLE			☐ Delete	TITLE	'			Change	☐ Addition
NAME CTOCET ADDRESS				NAME STREET ADORESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
	Cortify that the	a information cumplied with	this filing does not qualify t		contained in Chapter 119 Flor	rida Statutes I fud	ther certify	that the in	formation

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida Statutes. I furner 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:

AMES M. MCCLENGER
E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #