

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90178 042 ****61.25

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

~~7187 THOMPSON RD~~
~~BOYNTON BEACH FL 33426~~

2. Principal Place of Business

3. Mailing Address

639 E OCEAN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HUCKABY, JANET

~~7187 THOMPSON RD~~

~~BOYNTON BEACH FL 33426~~

Name:

JANET HUCKABY

Street Address (P.O. Box Number is Not Acceptable)

639 EAST OCEAN AVE #204

City

Boynton Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Janet Huckaby

JANET HUCKABY

(NOTE: Registered Agent signature required when re-registering)

2-27-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☒ Addition
NAME **STP CANNING, Bill**
STREET ADDRESS **5101A 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 ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

W. L. CANNING

CR2E037 (10/02)