2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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MARTIN

SIGNATURE:

Secretary of State **DOCUMENT # N03000002515** 09-04-2008 90045 044 ****61.25 THE TURTLE CRAWL CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address dallara. 4301, 32ND-STW. 4235 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 A-20 BRADENTON, EL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08172008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 01-0782572 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANAGEMENT *bbabeest* C&S.CONDO MGMNT. SERV., INC. 4301 32ND ST. WE81, STE A-20 BRADENTON, FL 34205 SARASOTA 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Trust Fund Contribution Florida Department of State Due by September 12, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SECDE THRY VΡ TITLE Delete TITLE Change WIELAND, DAVID MAGOI AE SUZAMNE NAME NAME WESTCHESTER COUNTRY CLUB STREET ADDRESS STREET ADDRESS HOLMES BEACH, FL 34217 CARTE ८४≥०। CITY-ST-ZIP CITY-ST-ZIP RYE 77 TITLE ☐ Delete aresiden I Addition THIF ☐ Change MARTIN, PARKER NAME GREEN, WILLIAM NAME CUB PL STREET ADDRESS 325 GOLDEN GATE PT., APT 8 STREET ADORESS CORTEZ CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete treasurer JIM ZILLI W 33 5 585 GOUT HILL NAME ECKEL, DAVID C NAME $\omega_{\mathcal{D}}$ 3639 CORTEZ P.D., STE 200 CIDEST ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP ~elete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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