

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006525

1. Entity Name
TURTLE CAYS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**821 W. OCEAN DR.
KEY COLONY BEACH, FL 33051**

Mailing Address
**PO BOX 510196
KEY COLONY BEACH, FL 33051**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



09172007 REIN-NP CR2E099 (1/07)

City & State Zip Country City & State Zip Country

4. FEI Number
20-1179232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COLEMAN-JERRY ESQ.
201 FRONT ST., SUITE 203
KEY WEST, FL 33040-8347**

7. Name and Address of New Registered Agent
Name **DENNIS M BISHOP**
Street Address (P.O. Box Number is Not Acceptable)
8085 OVERSEAS HWY
City **MARATHON** FL Zip Code **33850**

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 *Dennis M Bishop* **9/29/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$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	VD D'ASCANIO, FRANCO 11500 OVERSEAS HWY. MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000109771480 09/21/07--01055--017 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, DAN PO BOX 510196 KEY COLONY BEACH, FL 33051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **9/17/07**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/11/07