

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

04-20-2005 90350 007 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000006728					
1. Entity Name TORTUGA BEACH CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 20458 OLD CUTLER ROAD MIAMI FL 33189			Mailing Address 20458 OLD CUTLER ROAD MIAMI FL 33189		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201983653	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, THOMAS D ESQ. 9711 OVERSEAS HIGHWAY, SUITE 5 MARATHON FL 33050				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW: FEE IS \$81.25 Due By: May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, PATRICIA C		NAME		
STREET ADDRESS	20458 OLD CUTLER ROAD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33189		CITY- ST- ZIP		
TITLE	VO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, PATRICK W SR.		NAME		
STREET ADDRESS	20458 OLD CUTLER ROAD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33189		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMITT, BRIAN C		NAME		
STREET ADDRESS	20458 OLD CUTLER ROAD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33189		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Patricia Lawrence</u>			Date: <u>4-13-05</u> Daytime Phone #: <u>305-371-2902</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					