


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000006728</b>	
<b>1. Entity Name</b> <b>TORTUGA BEACH CLUB HOMEOWNERS ASSOCIATION, INC.</b>	

<b>Principal Place of Business</b> <b>20458 OLD CUTLER ROAD</b> <b>MIAMI FL 33189</b>	<b>Mailing Address</b> <b>20458 OLD CUTLER ROAD</b> <b>MIAMI FL 33189</b>
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**1st MOORE CR2E037 (10/05)**

<b>4. FEI Number</b> <b>20-1983653</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>WRIGHT, THOMAS D ESQ.</b> <b>9711 OVERSEAS HIGHWAY, SUITE 5</b> <b>MARATHON FL 33050</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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.**

<b>SIGNATURE</b> Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>PD</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> <b>LAWRENCE, PATRICIA C</b>		<b>NAME</b>	
<b>STREET ADDRESS</b> <b>20458 OLD CUTLER ROAD</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33189</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>VO</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> <b>BELL, PATRICK W SR.</b>		<b>NAME</b>	
<b>STREET ADDRESS</b> <b>20458 OLD CUTLER ROAD</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33189</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>STD</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> <b>SCHMITT, BRIAN C</b>		<b>NAME</b>	
<b>STREET ADDRESS</b> <b>20458 OLD CUTLER ROAD</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33189</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

2/15/06 315-371290