



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90011 030 \*\*\*\*70.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N04000006728</b><br>1. Entity Name<br><b>TORTUGA BEACH CLUB HOMEOWNERS ASSOCIATION, INC.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>20458 OLD CUTLER ROAD<br/>MIAMI FL 33189</b>   |   |   |   | Mailing Address<br><b>20458 OLD CUTLER ROAD<br/>MIAMI FL 33189</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4665 Ponce de Leon Blvd</b><br>Suite, Apt. #, etc.<br><b>Suite 2A</b>   |   | 3. Mailing Address<br><b>P.O. Box 143914</b><br>Suite, Apt. #, etc.                 |   |    |  |
| City & State<br><b>Coral Gables FL</b>   |   | City & State<br><b>Coral Gables FL</b>  |   |   |  |
| Zip<br><b>33146</b>  |   | Zip<br><b>33114</b>   |   |   |  |
| Country<br><b>US</b>   |   | Country<br><b>US</b>  |   |   |  |
| 4. FEI Number<br><b>20-1983653</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WRIGHT, THOMAS D ESQ.<br/>9711 OVERSEAS HIGHWAY, SUITE 5<br/>MARATHON FL 33050</b>   |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |   |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By: May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>   |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>LAWRENCE, PATRICIA C<br>20458 OLD CUTLER ROAD<br>MIAMI FL 33189 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VO<br>BELL, PATRICK W SR.<br>20458 OLD CUTLER ROAD<br>MIAMI FL 33189  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>SCHMITT, BRIAN C<br>20458 OLD CUTLER ROAD<br>MIAMI FL 33189    | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |   |   |  |
| 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. |   |   | SIGNATURE: <i>Patricia C Lawrence</i> <b>PATRICIA C LAWRENCE</b> <b>3-30-08</b> <b>305-371-2902</b> |   |  |