

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006728

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** TORTUGA BEACH CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4665 PONCE DE LEON BLVD  
SUITE 2A  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

9745 SW 72ND STREET  
SUITE 219  
MIAMI, FL 33173 US

**Current Mailing Address:**

PO BOX 143914  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

9745 SW 72ND STREET  
SUITE 219  
MIAMI, FL 33173 US

**FEI Number:** 20-1983653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, THOMAS D ESQ.  
9711 OVERSEAS HIGHWAY, SUITE 5  
MARATHON, FL 33050 US

**Name and Address of New Registered Agent:**

MULLER, CHARLES E II  
7385 GALLOWAY ROAD  
SUITE 200  
MIAMI, FL 33173 US

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.

SIGNATURE: CHARLES E. MULLER II

03/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAWRENCE, PATRICIA C  
Address: 4665 PONCE DE LEON BLVD, 2A  
City-St-Zip: CORAL GABLES, FL 33146

Title: VO ( ) Delete  
Name: BELL, PATRICK W SR.  
Address: 4665 PONCE DE LEON BLVD #2A  
City-St-Zip: CORAL GABLES, FL 33146

Title: STD ( ) Delete  
Name: SCHMITT, BRIAN C  
Address: 4665 PONCE DE LEON BLVD #2A  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LAWRENCE, PATRICIA C  
Address: 9745 SW 72ND STREET, SUITE 219  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA C. LAWRENCE

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date