2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# N06000006313

Entity Name: TORTUGA WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6900 MALONEY AVE
#4
KEY WEST, FL 33040

New Principal Place of Business:

6900 MALONEY AVE
#11
KEY WEST, FL 33040

Current Mailing Address:

6900 MALONEY AVE
#4
KEY WEST, FL 33040

New Mailing Address:

6900 MALONEY AVE
#11
KEY WEST, FL 33040

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNER, WAYNE
6900 MALONEY AVENUE, #11
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BARBER, CHASE
Address: 6900 MALONEY AVE #4
City-St-Zip: KEY WEST, FL 33040

Title: VSD
Name: LOCKWOOD, BUDDY
Address: 6900 MALONEY AVE #8
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: LANE, JUDITH
Address: 6900 MALONEY AVE #1
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: BENNER, LEAH
Address: 6900 MALONEY AVE #11
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: OTTO, CORY
Address: 6900 MALONEY AVE # 17
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: CHASE BARBER PD 01/31/2011

Electronic Signature of Signing Officer or Director — Date