

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010134

FILED
Apr 16, 2009
Secretary of State

Entity Name: ABACO AT TORTUGA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4415 METRO PARKWAY
SUITE 325
FORT MYERS, FL 33916

New Principal Place of Business:

501 N CATTLEMAN DRIVE
SUITE #100
SARASOTA, FL 34232

Current Mailing Address:

C/O TAYLOR MORRISON OF FLORIDA, INC.
4905 WEST LAUREL STREET - SUITE 100
TAMPA, FL 33607

New Mailing Address:

501 N CATTLEMAN DRIVE
SUITE #100
SARASOTA, FL 34232

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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 () Delete
Name: FOOTE, TERRY L
Address: 501 N. CATTLEMEN ROAD #100
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: KEMPTON, JOHN S
Address: 501 N. CATTLEMEN ROAD #100
City-St-Zip: FORT MYERS, FL 33916

Title: VST () Delete
Name: CAMPBELL, MICHELLE M
Address: 4415 METRO PARKWAY #325
City-St-Zip: FORT MYERS, FL 33916

Title: VD () Delete
Name: FICHTER, THOMAS P JR.
Address: 4415 METRO PARKWAY #325
City-St-Zip: FORT MYERS, FL 33916

Title: AS () Delete
Name: WOLF, PHILIP C
Address: 4415 METRO PARKWAY #325
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BEVERLY MALOUIN

LCAM

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date