

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

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90034 032 ****61.25

DOCUMENT # N13064

1. Entity Name

TORTOISE VIEW VILLAS, CORP.



Principal Place of Business

605 MANATEE DRIVE
SATELLITE BEACH FL 32937-3877
US

Mailing Address

609 MANATEE DRIVE
SATELLITE BEACH FL 32937-3877
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLAIN, ROBERT C.
1127 S. PATRICK DR. STE 2
SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MONTGOMERY, DAVID
STREET ADDRESS 608 MANATEE DR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TD ☐ Delete
NAME MARLENE SCHAAFSMA
STREET ADDRESS 609 MANATEE DRIVE
CITY-ST-ZIP SATELLITE BEACH FL

TITLE SD ☒ Delete
NAME CHASE, DIANE
STREET ADDRESS 603 MANATEE DR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete
NAME SMITH, JO
STREET ADDRESS 604 MANATEE DR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE VPD ☐ Delete
NAME SEAMONDS, CHARLES
STREET ADDRESS 611 MANATEE DR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SD SEAMONDS, DOORRAINE**
STREET ADDRESS **611 MANATEE DR.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marlene Schaaftma* **MARLENE SCHAAFTMA**

3/30/06 **321-779-3091**