

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13064

FILED
Apr 07, 2009
Secretary of State

Entity Name: TORTOISE VIEW VILLAS, CORP.

Current Principal Place of Business:

605 MANATEE DRIVE
SATELLITE BEACH, FL 329373877 US

New Principal Place of Business:

611 MANATEE DRIVE
SATELLITE BEACH, FL 329373877 US

Current Mailing Address:

609 MANATEE DRIVE
SATELLITE BEACH, FL 329373877 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MCCLAIN, ROBERT C.
1127 S. PATRICK DR. STE 2
SATELLITE BEACH, FL 32937 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: MONTGOMERY, DAVID
Address: 608 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete
Name: MARLENE SCHAAFSMA
Address: 609 MANATEE DRIVE
City-St-Zip: SATELLITE BEACH, FL

Title: SD () Delete
Name: DEUBLE, CHARLOTTE
Address: 612 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: SMITH, JO
Address: 604 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD () Delete
Name: SEAMONDS, CHARLES
Address: 611 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: FANT, RICHARD
Address: 614 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEAMONDS, CHARLES
Address: 611 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

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: D (X) Change () Addition
Name: BOHM, DE ANN
Address: 619 MANATEE DR
City-St-Zip: SATELLITE BEACH, FL 32937

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: MARLENE SCHAAFSMA

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date