


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 021 \*\*\*\*61.25

<b>DOCUMENT # N26749</b> 1. Entity Name <b>TORTOISE ESTATES ASSOCIATION, INC.</b>																																									
Principal Place of Business <b>TORTOISE ESTATES SUBD</b> <b>P.O. BOX 40034</b> <b>SARASOTA, FL 34242 US</b>			Mailing Address <b>P.O. BOX 19797</b> <b>SARASOTA, FL 34276-2797 US</b>																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State		4. FEI Number <b>65-0078651</b>																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																					
<b>QUICKER, MICHAEL J ESQ</b> <b>7061 S TAMiami TrL</b> <b>STE. 106</b> <b>SARASOTA, FL 34231</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																					
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 <u><i>Michael J Quicker, Esq.</i></u> <span style="float: right;"><u>16-JAN-2006</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> <b>PD</b>  <b>PAPASTRAT, CHRIS</b>  <b>1249 TREE BAY LANE</b>  <b>SARASOTA, FL 34242</b> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>SD</b>  <b>KASPER, MARY E</b>  <b>1225 TREE BAY LANE</b>  <b>SARASOTA, FL 34242</b> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>TD</b>  <b>QUICKER, MICHAEL J ESQ</b>  <b>1258 TREE BAY LANE</b>  <b>SARASOTA, FL</b> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> <b>SD</b>      </td> <td style="width: 20%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>PD</b>      </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PAPASTRAT, CHRIS</b> <b>1249 TREE BAY LANE</b> <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KASPER, MARY E</b> <b>1225 TREE BAY LANE</b> <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>QUICKER, MICHAEL J ESQ</b> <b>1258 TREE BAY LANE</b> <b>SARASOTA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b>   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																																									
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <span style="float: right;"><u>14-JAN-2006</u> <u>365-2188</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									