


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90026 041 ****61.25

0081145

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N38438

1. Corporation Name

TORTUGA PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O JIM MAZZOTTA
 11532 ANDY ROSSE LN. P O BOX 368
 CAPTIVA FL 33924

Mailing Address

C/O JIM MAZZOTTA
 11532 ANDY ROSSE LN. P O BOX 368
 CAPTIVA FL 33924



| | | |
|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 06/04/1990 4. FEI Number 65-0211395 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

9. Name and Address of Current Registered Agent

MAZZOTTA, JIM
11532 ANDY ROSSE LN
P.O. BOX 368
CAPTIVA FL 33924

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAZZOTTA, JIM | 1.2 NAME | |
| STREET ADDRESS | 9515 MY WAY LN | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SABOT, ERIC | 2.2 NAME | JIM FREEMAN |
| STREET ADDRESS | 11532 ANDY ROSSE LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPTIVA FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAZZOTTA, KATHLEEN | 3.2 NAME | |
| STREET ADDRESS | 9515 MY WAY LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

JIM MAZZOTTA

1/10/99

941-395-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)