2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N38438

1. Entity Name
TORTUGA PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JIM MAZZOTTA 11532 ANDY ROSSE LN, P O BOX 368 CAPTIVA, FL 33924	C/O JIM MAZZOTTA 11532 ANDY ROSSE LN, P O BOX 368 CAPTIVA, FL 33924

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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0211395
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MAZZOTTA, JIM
STREET ADDRESS	9515 MY WAY LN
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	FREEMAN, JIM
STREET ADDRESS	11532 ANDY ROSSE LN
CITY-ST-ZIP	CAPTIVA, FL
TITLE	DT
NAME	MAZZOTTA, KATHLEEN
STREET ADDRESS	9515 MY WAY LANE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80007-014 61.25

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12. *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 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: JIM MAZZOTTA JAMES MAZZOTTA 4/25/05 239-395-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #