

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N38438

1. Entity 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**



04062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0211395	Applied For <input type="checkbox"/> Not Applicable
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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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAZZOTTA, JIM 9515 MY WAY LN FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONDA, KATHLEEN 11532 ANDY ROSSE LN CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAZZOTTA, KATHLEEN 9515 MY WAY LANE FT. MYERS, FL
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04/23/08-80076-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 239-395-2266