

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38438

FILED
Apr 12, 2009
Secretary of State

Entity Name: TORTUGA PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O JIM MAZZOTTA
11532 ANDY ROSSE LN
CAPTIVA, FL 33924

Current Mailing Address:

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

New Mailing Address:

C/O JIM MAZZOTTA
P O BOX 368
CAPTIVA, FL 33924

FEI Number: 65-0211395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAZZOTTA, JIM
11532 ANDY ROSSE LN
CAPTIVA, FL 33924 US

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: _____

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MAZZOTTA, JIM
Address: 9515 MY WAY LN
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: ONDA, KATHLEEN
Address: 11532 ANDY ROSSE LN
City-St-Zip: CAPTIVA, FL 33924

Title: DT () Delete
Name: MAZZOTTA, KATHLEEN
Address: 9515 MY WAY LANE
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES MAZZOTTA

MR.

04/12/2009

Electronic Signature of Signing Officer or Director

Date