

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90216 032 \*\*\*\*61.25

<b>DOCUMENT # N41514</b> 1. Entity Name <b>TURTLE BAY HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business C/O SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVE MELBOURNE, FL 32935				Mailing Address C/O SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVE MELBOURNE, FL 32935	
2. Principal Place of Business <b>6767 N. Wickham Rd</b>		3. Mailing Address <b>P O BOX 410759</b>		<b>20042919</b> 	
Suite, Apt. #, etc. <b>Suite 213</b>		Suite, Apt. #, etc. (blank)		02092005 Chg-NP CR2E037 (10/03)	
City & State <b>Melbourne FL</b>		City & State <b>Melbourne FL</b>		4. FEI Number <b>59-3137974</b>	
Zip <b>32940</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPACE COAST PROPERTY MGMT.</b> <b>1617 COOLING AE.</b> <b>MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name <b>Advanced Property Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>6767 N. Wickham Rd.</b> <b>Suite 213</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32940</b>	
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 <b>Vickie H Martin</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>VICKIE H MARTIN</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>		<b>4-12-05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BOB 4880 HAWKSBILL CT MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAUNERE, ROBERT 4825 TERRAPIN CT. MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHR, DAVID 204 LOGGERHEAD DR MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Osmum 207 Loggerhead DRIVE Melbourne Beach, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SD PAWTOWSKI, FRANCIS 215 LOGGERHEAD DR. MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURTIS ROGERS 223 Loggerhead Drive Melbourne, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCK, HETTIE 4830 TERRAPIN CT. MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Curtis Rogers</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/18/2005</b> <small>Date</small>		<b>954-328-1956</b> <small>Daytime Phone #</small>