


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90460 003 \*\*\*\*61.25

**DOCUMENT # N41514**

1. Entity Name  
**TURTLE BAY HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**6767 N WICKHAM RD, STE 213  
 MELBOURNE, FL 32940**

Mailing Address  
**PO BOX 410759  
 MELBOURNE, FL 32940**

**50015674**



2. Principal Place of Business  
**1978 Rockledge Blvd**

3. Mailing Address  
**1978 Rockledge Blvd**

Suite, Apt., etc.  
**Suite 106**

City & State  
**Rockledge, FL**

Zip  
**32955**

Country  
**USA**

01202006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3137974**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ADVANCE PROPERTY MGMT.  
 6767 N WICKHAM RD, STE 213  
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Wickie Martin* DATE 1-25-06

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, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD	ANDERSON, BOB 4880 HAWKSBILL CT MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE D	OSMUM, BILL 207 LOGGERHEAD DRIVE MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE D	LEHR, DAVID 204 LOGGERHEAD DR MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE TD	PAWTOWSKI, FRANCIS 215 LOGGERHEAD DR. MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE TD	ROGERS, CURTIS 223 LOGGERHEAD DRIVE MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	HARRISON, ED 207 Loggerhead DR. Melbourne Beach, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	EVA CARUSO 250 Loggerhead DR Melbourne Beach, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 like empowered.

SIGNATURE: *Frances S. Pawtowski, Treasurer* Date 4/10/06 321-728-2914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*FRANCES S. PAWTOWSKI*