

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90208 033 \*\*\*\*61.25

<b>DOCUMENT # N41514</b> 1. Entity Name <b>TURTLE BAY HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 510404</b> <b>MELBOURNE BEACH, FL 32951</b>			Mailing Address <b>P.O. BOX 510404</b> <b>MELBOURNE BEACH, FL 32951</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>2625 N. Harbor City Blvd</b> <b>Suite 2</b> <b>Melbourne FL</b> <b>32905</b> <b>FL</b>			
4. FEI Number <b>59-3137974</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>OSMUN, BILL</b> <b>207 LOGGERHEAD DR</b> <b>MELBOURNE BEACH, FL 32951</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: <u><i>Bill Osman Pres.</i></u> <u><i>2/7/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSMAN, BILL 207 LOGGERHEAD DR MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARUSO, EVA 250 LOGGERHEAD DR MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUANA, LOIS 227 LOGGERHEAD DR MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLAGHER, JUDY 4835 TERRAPIN CT MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINERVA, DOMINIC 239 LOGGERHEAD DR MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARUSO, EVA 250 Loggerhead Dr. Melbourne Beach FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, ED 267 Loggerhead Dr Melbourne Beach FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAJOIE, BRIAN 230 Loggerhead Dr Melbourne Beach FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MINERVA, DOMINIC 239 Loggerhead Dr Melb. Beach FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> <u><i>Eva Caruso Osman TBHOA</i></u> <u><i>2/7/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date                      Daytime Phone #					

**40037392**



02012008 Chg-NP CR2E037 (12/06)