FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003539 (1)

TURTLE BEACH CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address						
\$5 NATURE WAY SANTA ROSA BEACH FL 32458		55 NATURE WAY SANTA ROSA BEACH FL (32458			3. Date Incorporated or Qualified 07/03/1996		
						4, FEI Number 59-3403054	 	pplied For lot Applicable
2. Principal F	Place of Business	2a. Mailing Address						Additional
21		26				Certificate of Status Desired		lequired
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 			6. Election Campaign Financing	\$5.00	
City & Stat	le	City & State				Trust Fund Contribution	Added t	
23		28				7. Is this nonprofit corporation a homeow X Yes		In r
Zip	Country	Ζφ	Соп	intry		8. This corporation owes or has paid the	current year in	tangible
24	25	29	30			Personal Property Tax due June 30.		X No
	9. Name and Address of Curi	ent Registered Agent		81 Na	me	10. Name and Address of New Register	ed Agent	
BURKE,	IFS W							
221 MCKENZIE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
	A CITY FL 32401			B3				
				84 Cit			85 Zip	Code
				"	•		-L '	
11. Pursuant office or r	to the provisions of Sections 617.0 registered agent, or both, in the Sta	:502 and 617,1508, Florida Statut ate of Florida. Such change was :	es, the at authorized	cove-nar	ned corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing a	ts registered
	im familiar with, and accept the ob-	ligations of, Section 617.0503, Flo	orida Stat	utes.	•			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT	E: Registered	Agent sign	nelure recuire	ed when reinstating) DAT	É	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELETE	1.1 (1)	1.1 TITLE			☐ Change	☐ Addition
NAME	TEW, MARILYN		1.2 NA	ME				
STREET ADDRESS	2100 COUNTRY CLUB DR.			REET ADOR	ESS			
CITY-ST-ZIP TITLE	LYNN HAVEN FL 32444	DELETE		TY - ST - ZIP				
NAME	STAHL, GALYN	L_ Detail	2.1 111				☐ Change	Addition
STREET ADDRESS	1063 DUNA DRIVE		2.2 NA	ime Reet addr				
CITY-ST-ZIP	LARAMIE WY 62070			HEET AUUH TY-ST-ZIP	:55			
TITLE	D	DELETE	3.1 TIT				☐ Change	Addition
NAME	BRYANT, CALLIE		3.2 NA	ME				
STREET ADDRESS	233 SOUTH COVE TERRAC	Έ	3.3 ST	REET ADDR	ess			
CITY-ST-ZIP	PANAMA CITY FL 32401		3.4. CI	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TiT	LE			Change	☐ Addition
NAME			4.2 N/		İ			
STREET ADDRESS				reet addri	SS			
CITY-ST-ZIP TITLE		DELETE	_	Y-ST-ZIP			Obecco	1 4 2 200-
NAME			5.1 TIT 5.2 NA				Change	Addition
STREET ADDRESS				mi: Reet addre	.ee			
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	6.1 TIT				☐ Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS				REET ADDRE	ss			

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 annual report or supplemental annual 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 poccoiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changes of para attachment with an address.