


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90012 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003539					
1. Corporation Name TURTLE BEACH CONDOMINIUM OWNERS ASSOCIATION, INC					
Principal Place of Business 55 NATURE WAY SANTA ROSA BEACH FL 32458			Mailing Address 55 NATURE WAY SANTA ROSA BEACH FL 32458		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/03/1996 4. FEI Number 59-3403054 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BURKE, LES W 221 MCKENZIE AVENUE PANAMA CITY FL 32401			10. Name and Address of New Registered Agent 81 Name Raymond F. Newman, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 348 Miracle Strip Parkway, Suite 7 83 84 City Ft. Walton Beach FL 85 Zip Code 32548		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 7-22-99					
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME TEW, MARILYN STREET ADDRESS 2100 COUNTRY CLUB DR. CITY-ST-ZIP LYNN HAVEN FL 32444 TITLE D <input checked="" type="checkbox"/> DELETE NAME STAHL, GALYN STREET ADDRESS 1063 DUNA DRIVE CITY-ST-ZIP LARAMIE WY 62070 TITLE D <input checked="" type="checkbox"/> DELETE NAME BRYANT, CALLIE STREET ADDRESS 233 SOUTH COVE TERRACE CITY-ST-ZIP PANAMA CITY FL 32401 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME J.M. Stanko 1.3 STREET ADDRESS 55 Nature Way, Unit 200 1.4 CITY-ST-ZIP Santa Rosa Bch., FL 32459 2.1 TITLE S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Betsy Cox 2.3 STREET ADDRESS 35 Stonehaven Dr. 2.4 CITY-ST-ZIP Jackson, TN 38305 3.1 TITLE V P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME John Richards 3.3 STREET ADDRESS 8080 Winged Foot Dr. 3.4 CITY-ST-ZIP Atlanta, Ga 30350-4328 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE REQUIRED

Aug. 4, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (5/99)