2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2005
Secretary of State

DOCUMENT# N96000003539

Entity Name: TURTLE BEACH CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

55 NATURE WAY
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

55 NATURE WAY
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3403054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PKWY
STE 7
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STANKO, J.M.
Address: 55 NATURE WAY, UNIT 200
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD ( ) Delete
Name: COX, BETSY
Address: 35 STONEHAVEN DR
City-St-Zip: JACKSON, TN 38305

Title: VD ( ) Delete
Name: RICHARDS, PETER A
Address: 3040 OAKTREE LANDING
City-St-Zip: MARIETTA, GA 30066

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD ( ) Change (X) Addition
Name: NELSON, MARC
Address: 7 DANMOR PLACE
City-St-Zip: DOTHAN, AL 36303

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. STANKO PD 01/30/2005

Electronic Signature of Signing Officer or Director — Date