

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003539

FILED  
Mar 21, 2009  
Secretary of State

**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:**

55 NATURE WAY  
U200  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

55 NATURE WAY  
U200  
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

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date