## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000058317 (4)

TURTLE BAY, INC.

Principal Place	e of Business	Mailing Address		<u>-</u>			
631 U.S. HIGHWAY 1 #303 631 U.S. HIGHWAY 1 ROPETH PALM BEACH FL 33408 NORTH PALM BEACH				ı	:		
					Date Incorporated or Qualified 07/11/1996	3a. Date of La	st Report
Principa! Place of Business 21		2a. Mailing Addres	2a. Mailing Address 26		4. FEI Number 65-0686514	/	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired	1 1	5 Additional e Required
City & State 23		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Ζιρ	Cour	try	8. This corporation has liability for		er s. 199.032,
24	25 9. Name and Address of Cu	29	30		Florida Statutes  10. Name and Address of New R	Yes No	
005		<del> </del>		31 Name	10. Name and Address of New H	egistered Agent	
	RPORATION SERVICE COMP	ANT					
1201 HAYS STREET TALLAHASSEE FL 32301				Street Add	Address (P.O. Box Number is Not Acceptable)		
·	CALMOSEE LE SESOI		h	33			
				34 City		<b>E</b> 85	Zip Code
*44 Durguont t	to the provisions of Sections 607	0502 and 607 1509 Florida	Statutes the sh	nun pamad aa	reposition submits this statement for the	FL o	on the conjectured
office or re	egistered agent, or both, in the S	State of Florida, Such change	was authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose or changing the pointment of the appointment of the appointmen	t as registered
agent. La	m familiar with, and accept the o	bligations of, Section 607.05	05, Florida Statu	1es.			
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE: Registered	Agent signature regu	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.	- Gott big native requ	ADDITIONS/CHANGES TO OFFI		FORS IN 12
11/Lf	PVST	☐ DELE	TE 1.1 TITL	E		Char	
NAME	SMALLEGANGE, BASTIAAN	AP	1.2 NA	AE			
STREET ADDRESS	631 U.S. HIGHWAY 1 #30		1.3 STR	EET ADDRESS			
DITY-S1-ZIP	NORTH PALM BEACH FL S	33408	1.4 CIT	(-ST-ZIP			
1171.1	D	☐ DELE				☐ Char	ige Addition
NAME	SMALLEGANGE, BASTIAAN	A /	2.2 NA	AE			
STREET ADDRESS	631 U.S. HIGHWAY 1 #30		2.3 518	EET ADDRESS			
CITY-ST-ZIF	NORTH PALM BEACH FL			Y-ST-ZIP			
TITLE		DELE'		<del></del>		Char	ge Addition
NAME		-	3.2 NA	AE			-
STREET ADDRESS			•	EET ADDRESS			
CITY -ST-ZIP				Y-ST-ZIP			
101E		DELE		<del></del>	The second secon	☐ Char	nge Addition
NAME		_	4. 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIF				-ST-ZIP			
TILE	**** *** *****************************	☐ DELE			**************************************	Char	nge
NAME			5 2 NAM	1E		•	
STREET ADDRESS				eet address			
CITY-ST-ZIF			5.4 CIT	(-ST-ZIP			
TITLE		DELE				Char	nge Addition
NAME			6.2 NA	AE			
STREET ADDRESS				EET ADDRESS			
City-St-7iP		, 1		r-St-ZIP			
	by certify that the information surp	plied with this filing obes not			ed in Section 119.07(3)(i), Florida Statut	es. I further certify	that the
informatio Lani an of	o indicated on this annual report	or supplemental annual repond of the receiver or trostee e	ort is true and ac	curate and the	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made	e under oath: that
SIGNAT	URE:		The state of the s	DA	4-10-97		