

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724824

Entity Name: TORTUGA CLUB, INC.**Current Principal Place of Business:**8730 MIDNIGHT PASS RD.
SARASOTA, FL 34242**Current Mailing Address:**8730 MIDNIGHT PASS RD.
SARASOTA, FL 34242 US**FEI Number:** 59-1655646**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KYLE, PETER
8730 MIDNIGHT PASS RD
104A
SARASOTA, FL 34242 US*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

Officer/Director Detail :

Title	D
Name	SMITH, KAREN
Address	8710 MIDNIGHT PASS RD 502B
City-State-Zip:	SARASOTA FL 34242

Title	D
Name	SAMPEN, KENNETH
Address	8730 MIDNIGHT PASS RD 201A
City-State-Zip:	SARASOTA FL 34242

Title	S, SECRETARY, VP
Name	BOUMA, RALPH
Address	8730 MIDNIGHT PASS RD 203A
City-State-Zip:	SARASOTA FL 34242

Title	PT
Name	PETER, KYLE
Address	8730 MIDNIGHT PASS RD 104 A
City-State-Zip:	SARASOTA FL 34242

Title	D
Name	APFELBAUM, SID
Address	8710 MIDNIGHT PASS RD 202B
City-State-Zip:	SARASOTA FL 30242

Title	DIRECTOR
Name	DWYER, MARK DIRECTOR
Address	8750 MIDNIGHT PASS RD. UNIT 301C
City-State-Zip:	SARASOTA FL 34242

I hereby 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 all other like empowered.

SIGNATURE: PETER KYLE

CAM

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date