

CORPORATION
ANNUAL REPORT

1995/1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719189 (3)

1. Corporation Name
TURTLE CREEK VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: GATE HOUSE CONCOURSE DRIVE, TEQUESTA FL 33469
Mailing Address: GATE HOUSE CONCOURSE DRIVE, TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1970
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1822207
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

WILSON, W W
144 TURTLE CREEK DR
TEQUESTA FL 33458

10. Name and Address of New Registered Agent

81 Name: WEBER, SYLVIA
82 Street Address (P.O. Box Number is Not Acceptable): 168 TURTLE CREEK DR.
83
84 City: TEQUESTA FL 85 Zip Code: 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Sylvia Weber*

NOTE: Registered Agent signature required when reinstating

DATE: 2/18/95 / 7/23/96

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIERMAN, JAMES
STREET ADDRESS	76 TURTLE CREEK DR.
CITY-ST-ZIP	TEQUESTA FL
TITLE	P
NAME	SHAMBELAN, ROBERT
STREET ADDRESS	86 TURTLE CREEK DR.
CITY-ST-ZIP	TEQUESTA FL
TITLE	D
NAME	THORSEN, ROBERT
STREET ADDRESS	84 TURTLE CREEK DRIVE
CITY-ST-ZIP	TEQUESTA FL
TITLE	D
NAME	WEBER, SYLVIA
STREET ADDRESS	168 TURTLE CREEK DR
CITY-ST-ZIP	TEQUESTA FL
TITLE	D
NAME	ANDERSON, ROBERT E.
STREET ADDRESS	80 TURTLE CREEK DRIVE
CITY-ST-ZIP	TEQUESTA, FL 00000
TITLE	D
NAME	WILSON, W.W.
STREET ADDRESS	144 TURTLE CREEK DR.
CITY-ST-ZIP	TEQUESTA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T SODD001804345
4.3 STREET ADDRESS	-05/02/96--01015--026
4.4 CITY-ST-ZIP	***61.25
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S CICALESE, PATRICK
6.3 STREET ADDRESS	53 TURTLE CREEK DR.
6.4 CITY-ST-ZIP	TEQUESTA, FL 33469

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sylvia Weber* *Sylvia Weber* DATE: 2/18/95 7/23/96 DAYTIME PHONE #: 407-746-8341