FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

719189

(3)

TURTLE CREEK VILLAGE PROPERTY OWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

FILED
May 12 1997 8:00am
Secretary of State



GATE HOUSE CONCOURSE DRIVE GATE HOUSE CONCOURSE TEQUESTA FL 33469 TEQUESTA FL 33469			E DRIVE		
				08/26/1970	3a. Date of Last Report 05/01/1996
Principal Place of Business Address Mailing Address			4. FEI Number 59-1822207	Applied For	
21		26	······································	09-1022201	Not Applicable
Suite, Ap		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for inta	
	9. Name and Address of Currer			10. Name and Address of New Regis	tered Agent
			81 Nan	ne .	
	ir, sylvia Urtle creek dr		62 Stre	et Address (P.O. Box Number is Not Acceptable)	
	ESTA FL 33469		63		
			84 City		FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the above-nam	ed corporation submits this statement for the purp	ose of changing its registered
office o agent. I	ir registered agent, or both, in the State I am familiar with, and accept the oblig	of Florida. Such change was a lations of, Section 617.0503, Flo	iuthorized by the c orida Statutes.	orporation's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE					
oran (mont	Signature, typed or printed name of registered ag-		Registered Agent signa		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETÉ	1.1 TITLE	D	Change 🔼 Addition
NAME	LIERMAN, JAMES		1.2 NAME	Bessette, Henry	
STREET ADDRES			1.3 STREET ADDRES	20 101010 0100W D1110	
CITY-ST-ZIP	TEQUESTA FL	- I loccore	1.4 CITY - ST - ZIP	Tequesta, FL 33469	TT 21.00
TITLE	P DODEST	☐ DELETE	2.1 TITLE	D	Change Addition
NAME	SHAMBELAN, ROBERT		2.2 NAME	Klose, Robert	
STREET ADDRES			2.3 STREET ADDRES	A totate ofeck bitte	
CITY-ST-ZIP	TEQUESTA FL	DELETE	2. 4 CITY-ST-ZIP	Tequesta, FL 33469	Change X Addition
TITLE	D DODGEN DODGET	□ DELETE	3.1 TITLE	D	Change X Addition
NAME	THORSEN, ROBERT		3.2 NAME	Van Sickle, Sam	
STREET ADORES			3.3 STREET ADDRES	103 Intere creek pline	
CITY-ST-ZIP	TEQUESTA FL	☐ DELETE	3.4. CITY-ST-ZIP	Tequesta, FL 33469	Change Addition
TITLE	MEDED CVIANA	☐ percie	4.1 TITLE		Cuantia Cuantin
NAME	WEBER, SYLVIA		4. 2 NAME		
STREET ADORES	S 168 TURTLE CREEK DR TEQUESTA FL		4.3 STREET ADDRES	>>	
CITY-ST-ZIP	n IEGOESIA FE	DELETE	4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	ANDERSON, ROBERT E.	□ pritric	5.1 TITLE		Fil Attentio FI VOCULA
NAME			5.2 NAME		
STREET ADDRES	TEQUESTA, FL 00000		5.3 STREET ADDRES	>>>	
CITY-ST-ZIP TITLE	C C	☐ DELETE	5.4 CITY - ST - ZIP		☐ Change ☐ Additio
	CICALEGE DATOICY		6.1 TITLE		Fi Avenão Fi vocito
NAME	CICALESE, PATRICK		6.2 NAME		
STREET ADDRES			6.3 STREET ADDRES	SS	
CITY-ST-ZIP	TEQUESTA, FL 00000		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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:

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