

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
08/26/1970

4. FEI Number 59-1822207	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WEBER, SYLVIA
168 TURTLE CREEK DR
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIERMAN, JAMES	1.2 NAME	Henry Bessette
STREET ADDRESS	76 TURTLE CREEK DR.	1.3 STREET ADDRESS	56 Turtle Creek Drive
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAMBELAN, ROBERT	2.2 NAME	Peter Halligan
STREET ADDRESS	86 TURTLE CREEK DR.	2.3 STREET ADDRESS	34 Tortoise Lane
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORSEN, ROBERT	3.2 NAME	San Van Sickle
STREET ADDRESS	84 TURTLE CREEK DRIVE	3.3 STREET ADDRESS	109 Turtle Creek Drive
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, SYLVIA	4.2 NAME	Jack Zimmer
STREET ADDRESS	168 TURTLE CREEK DR	4.3 STREET ADDRESS	152 Turtle Creek Drive
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT E.	5.2 NAME	
STREET ADDRESS	80 TURTLE CREEK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICALESE, PATRICK	6.2 NAME	
STREET ADDRESS	53 TURTLE CREEK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 R. Weber **Sylvia R. Weber 4/13/98 (561) 746-8341**

CR2E037 (10/97)