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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719189

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/26/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1822207

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, SYLVIA
168 TURTLE CREEK DR
TEQUESTA FL 33469

81 Name

ASH, FRED C.

82 Street Address (P.O. Box Number is Not Acceptable)

78 TURTLE CREEK DRIVE

83

84 City

TEQUESTA

FL

85 Zip Code

33469

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

Fred C. Ash

FRED C. ASH

1/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS LIERMAN, JAMES
CITY-ST-ZIP 76 TURTLE CREEK DR.
TEQUESTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME P
STREET ADDRESS SHAMBELAN, ROBERT
CITY-ST-ZIP 86 TURTLE CREEK DR.
TEQUESTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS THORSEN, ROBERT
CITY-ST-ZIP 84 TURTLE CREEK DRIVE
TEQUESTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME T
STREET ADDRESS WEBER, SYLVIA
CITY-ST-ZIP 168 TURTLE CREEK DR
TEQUESTA FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S/T
4.3 STREET ADDRESS ASH, FRED C.
4.4 CITY-ST-ZIP 78 TURTLE CREEK DRIVE
TEQUESTA, FL. 33469

TITLE ☐ DELETE
NAME D
STREET ADDRESS BESSETTE, HENRY
CITY-ST-ZIP 56 TURTLE CREEK DR
TEQUESTA FL 33469

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME S
STREET ADDRESS CICALSE, PATRICK
CITY-ST-ZIP 53 TURTLE CREEK DR
TEQUESTA, FL 00000

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS ZIMMER, JACK
6.4 CITY-ST-ZIP 152 TURTLE CREEK DRIVE
TEQUESTA, FL. 33469

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, with all other like empowered.

SIGNATURE:

FRED C. ASH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 (561) 624-6418

CR2E037 (1/98)