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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90010 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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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 []	3. Date Incorporated or Qualified 08/26/1970 4. FEI Number 59-1822207 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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
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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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIERMAN, JAMES	1.2 NAME	
STREET ADDRESS	76 TURTLE CREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMBELAN, ROBERT	2.2 NAME	
STREET ADDRESS	86 TURTLE CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORSEN, ROBERT	3.2 NAME	
STREET ADDRESS	84 TURTLE CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, SYLVIA	4.2 NAME	ASH, FRED C.
STREET ADDRESS	168 TURTLE CREEK DR	4.3 STREET ADDRESS	78 TURTLE CREEK DRIVE
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	TEQUESTA, FL. 33469
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSETTE, HENRY	5.2 NAME	
STREET ADDRESS	56 TURTLE CREEK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CICALESSE, PATRICK	6.2 NAME	ZIMMER, JACK
STREET ADDRESS	53 TURTLE CREEK DR	6.3 STREET ADDRESS	152 TURTLE CREEK DRIVE
CITY-ST-ZIP	TEQUESTA, FL 00000	6.4 CITY-ST-ZIP	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 **FRED C. ASH** 1/25/99 (561) 624-6418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)