

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90052 029 \*\*\*\*61.25

60011444



01132006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 719189</b>					
1. Entity Name TURTLE CREEK VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business GATE HOUSE CONCOURSE DRIVE TEQUESTA, FL 33469			Mailing Address GATE HOUSE ONE CONCOURSE DR. TEQUESTA, FL 33469		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1822207	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARTIN, LORI C 74 TURTLE CREEK DR TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name <u>HANKEY, MARY A</u> Street Address (P.O. Box Number is Not Acceptable) <u>61 TURTLE CREEK DRIVE</u> City <u>TEQUESTA</u> FL Zip Code <u>33469</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>1/24/2006</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIERMAN, JAMES 76 TURTLE CREEK DR. TEQUESTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>SAME</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAMBELAN, ROBERT 86 TURTLE CREEK DR. TEQUESTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>SAME</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARTIN, LORI C 74 TURTLE CREEK DR TEQUESTA, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>TS HANKEY MARY A. 61 TURTLE CREEK DRIVE TEQUESTA FL. 33469</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>1/24/2006</u> <sup>\$61</sup> Daytime Phone # <u>693-8787</u>	