

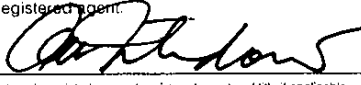
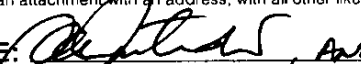


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 719189</b> 1. Entity Name <b>TURTLE CREEK VILLAGE PROPERTY OWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>07 JUL 10 AM 9:34</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>GATE HOUSE CONCOURSE DRIVE</b> <b>TEQUESTA, FL 33469</b>				Mailing Address <b>GATE HOUSE</b> <b>ONE CONCOURSE DR.</b> <b>TEQUESTA, FL 33469</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				06272007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>59-1822207</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HANKEY, MARY A</b> <b>61 TURTLE CREEK DR</b> <b>TEQUESTA, FL 33469</b>				7. Name and Address of New Registered Agent Name <b>ANTHONY INTERDONATO</b> Street Address (P.O. Box Number is Not Acceptable) <b>112 TURTLE CREEK DRIVE</b> City <b>TEQUESTA</b> FL Zip Code <b>33469</b>			
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  <b>TREASURER</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7/3/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAMBELAN, ROBERT</b> <b>86 TURTLE CREEK DR.</b> <b>TEQUESTA, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000106257820</b> <b>07/17/07--01015--010 **\$1.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>HANKEY, MARY A</b> <b>61 TURTLE CREEK DRIVE</b> <b>JUPITER, FL 33469</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR</b> <b>MARY A. HANKEY</b> <b>61 TURTLE CREEK DRIVE</b> <b>TEQUESTA FL. 33469</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>ANTHONY INTERDONATO</b> <b>112 TURTLE CREEK DRIVE</b> <b>TEQUESTA FL. 33469</b>		
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 <b>B 7/12/07</b>		
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:  <b>ANTHONY N. INTERDONATO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>7/3/07</b> DAYTIME PHONE: <b>561-747-1782</b>			