FILE NOW: FILING FEE IS $61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90031 030 ****61.25

0085739

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **720194**

1. Corporation Name
TURTLE CREEK NO. 1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% RECREATION BLDG TURTLE CREEK DRIVE TURTLE CREEK VILLAGE TEQUESTA FL 33469	% RECREATION BLDG TURTLE CREEK DRIVE TURTLE CREEK VILLAGE TEQUESTA FL 33469

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

3. Date Incorporated or Qualified: 02/04/1971

4. FEI Number: 59-1378597 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~PIPER, FLOYD~~
23A TURTLE CREEK DR
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: John J. McNamara
82 Street Address (P.O. Box Number is Not Acceptable): 4 D 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: John McNamara — 4/9/99
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	XX DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	DIERKS, HENRY J.		1.2 NAME	Hurant Tavetian	
STREET ADDRESS	20-D TURTLE CREEK DRIVE		1.3 STREET ADDRESS	16 A Turtle Creek Drive	
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	Tequesta, Fl 33469	
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	☐ Change XX Addition
NAME	CERVENKA, MILDRED		2.2 NAME	Jopseph Dudenhoefer	
STREET ADDRESS	3D TURTLE CREEK DR		2.3 STREET ADDRESS	18-A Turtle Creek Drive	
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	Tequesta,Fl 33469	
TITLE	~~S~~ President	☐ DELETE	3.1 TITLE	Treasurer	☐ Change XX Addition
NAME	MCNAMARA, JOHN		3.2 NAME	James Hinchliff	
STREET ADDRESS	4 D TURTLE CREEK DR.		3.3 STREET ADDRESS	22 B Turtle Creek Drive	
CITY-ST-ZIP	TEQUESTA FL 33469		3.4 CITY-ST-ZIP	Tequesta, Fl 33469	
TITLE	T	XX DELETE	4.1 TITLE		☐ Change XX Addition
NAME	MCBRIDE, ROBERT T		4.2 NAME	John Athens, Director	
STREET ADDRESS	21-B TURTLE CREEK DR		4.3 STREET ADDRESS	23 D Turtle Creek Drive	
CITY-ST-ZIP	TEQUESTA FL		4.4 CITY-ST-ZIP	Tequesta,Fl 33469	
TITLE	P	XX DELETE	5.1 TITLE	Director	☐ Change XX Addition
NAME	PIPER, FLOYD		5.2 NAME	L.C. McBride	
STREET ADDRESS	23A TURTLE CREEK DR		5.3 STREET ADDRESS	3 F Turtle Creek Drive	
CITY-ST-ZIP	TEQUESTA FL		5.4 CITY-ST-ZIP	Tequesta, Fl. 33469	
TITLE	D	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WUNDER, GUS		6.2 NAME		
STREET ADDRESS	17 TURTLE CREEK DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ~~SIGNATURE REQUIRED~~ — 4/9/99 — (561) 463345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John McNamara