2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90063 035 ****61.25

DOCUMENT # **720194**

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 **59-1378597** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNAMARA, JOHN J 4D TURTLE CREEK DR TEQUESTA FL 33469	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAVETIAN, HURANT 16 A TURTLE CREEK DR TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNIE MAHURIN 7F TURTLE CREEK DR. TEQUESTA FL 33469	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, JOHN 4 D TURTLE CREEK DR. TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUDENHOEFER, JOSEPH 18 A TURTLE CREEK DR TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBRIDE, ROBERT T 21 B TURTLE CREEK DR TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHENS, JOHN 23 D TURTLE CREEK DR TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[illegible] [illegible] [illegible] [illegible] STA FL [illegible]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: [signature] REQUIRED 4/5/02 (516) 746-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #