2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90540 030 ****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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
195 S.E. TURTLE CREEK DR.	195 S.E. TURTLE CREEK DRIVE
Suite, Apt. #, etc.: RECREATION BLDG.	Suite, Apt. #, etc.: RECREATION BLDG.
City & State: TEQUESTA FL	City & State: TEQUESTA, FL
Zip: 33469 Country:	Zip: 33469 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

MCNAMARA, JOHN J
4D TURTLE CREEK DR
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VD TAVETIAN, HURANT 16 A TURTLE CREEK DR TEQUESTA FL 33469	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOHN PHILLIPS 1-E TURTLE CREEK DRIVE 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	TREASURER JOHN GREEND 10-E TURTLE CREEK DRIVE TEQUESTA FL 33469	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCER, BRUCE 24-D TURTLE CREEK TEQESTA FL 33469	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR M. (RED) WELSHONS 3-A TURTLE CREEK DRIVE TEQUESTA FL 33469	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHURIN, CONNIE 7F TURTLE CREEK DR TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/12/04 561 746-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #