

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90345 002 ****61.25

DOCUMENT # 720194

1. Entity Name

TURTLE CREEK NO. 1 ASSOCIATION, INC.



Principal Place of Business

195 SE TURTLE CREEK DRIVE
RECREATION BLDG
JUPITER FL 33469

Mailing Address

195 SE TURTLE CREEK DRIVE
RECREATION BLDG
JUPITER FL 33469

50040499



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

Name **EDWARD F. LACOMBE**

Street Address (P.O. Box Number is Not Acceptable)

19 F TURTLE CREEK DRIVE

City **TEQUESTA**

FL

Zip Code

33469

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

Edward F. Lacombe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	VP	☒ Delete
NAME	PHILLIPS, JOHN	
STREET ADDRESS	1-E TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	PD	☒ Delete
NAME	MCNAMARA, JOHN	
STREET ADDRESS	4 D TURTLE CREEK DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	S	☒ Delete
NAME	DUDENHOEFER, JOSEPH	
STREET ADDRESS	18 A TURTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	☐ Delete
NAME	GREEND, JOHN	
STREET ADDRESS	10-E TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☐ Delete
NAME	WELSHONS, M.(RED)	
STREET ADDRESS	3-A TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☒ Delete
NAME	MAHURIN, CONNIE	
STREET ADDRESS	7F TURTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33469	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☒ Change ☐ Addition
NAME	JIM THOMPSON	
STREET ADDRESS	10 A TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	PD	☒ Change ☐ Addition
NAME	EDWARD F. LACOMBE	
STREET ADDRESS	19 F TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	S	☒ Change ☐ Addition
NAME	RUTH MCBRIDE	
STREET ADDRESS	3 F TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	JOHN WALSH	
STREET ADDRESS	3A TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	

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

Edward F. Lacombe EDWARD F. LACOMBE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

(561) 746-3345

Daytime Phone #