NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 728121

TURTLE LAKE GOLF COLONY CONDOMINIUM APTS., INC. NO. 1

Principal Place of Business 180 FOREST LAKES BLVD NAPLES FL 34105

Mailing Address

180 FOREST LAKES BLVD NAPLES FL 34105

FILED Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90096 046 ****61.25

|--|--|--|

2. Principal Pl	ace of Business	2a.	Mailing Address				3	•	rated or Qualifed				
21		26						11/27/197	3		- 1		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4	I. FEI Number	00		<u> </u>	olied For	
22	<u> </u>	27						<u> 59-15790</u>	02			t Applicable	
City & State	•	\vdash	City & State				:	5. Certifcate of	Status Desired		\$8.75 A		
23		28										·	
Zip	Country	\vdash	Zip	Cou T	ntry		_ •		npaign Financing		\$5.00 Added t	•	
24	9. Name and Address of Current F	29	30	<u>J</u>				Trust Fund C	Address of New	Pagistared A		0 F965	
		81 Nar	me	4 %			registered .	- Hour					
						Wi	vildes Stanley L.						
SOMERVILLE, ROGER					82 Str	Street Address (P.O. Box Number is Not Acceptable)							
190 TURT	LE LAKE COURT				300 Forest Lakes Blvd #3/2								
210	在自治,其所以于				83							1	
NAPLES F	L-34105 高級 题 11				84 City	У,					85 Zip (
	ī					1/a .	ple	<u>S</u> _		FL		105	
11. Pursuant	to the provisions of Sections 617.0502 agistered agent, or both, in the State of	and 6°	17.1508, Florida Statutes,	the al	bove-naπ	ned cd coroora	rporati stion's	ion submits this board of directo	statement for the rs. I hereby acce	pt the appoir	cnanging its ntment as rej	registered gistered	
agent. I a	m familiar with, and accept the obligatio	ns of,	Section 617.0503, Florida	State	ıtes.	, p = 1.0						1	
SIGNATURE	Stanlentevelo	u	- Presiden	£							1/15/99	<u> </u>	
Olonatore	Signature, typed or pripled name of registered agent a	ind title i	if applicable. (NOTE: Re		Agent signa	ture requ	uired whe	n reinstating)	WANGED TO OF	DATE AN	D DIDECTO	DC (N 42	
12.	OFFICERS AND	DIRE		13.			11		CHANGES TO OF	-FICERS AN	Change	Addition	
TITLE	D		☐ DELETE	1.1 TT				Aesiden			□ Ottoride	Manual S	
NAME	WOLF, BOB			1.2 NA		-	JOSE	eph mal	e y	14/00		}	
STREET ADDRESS	3481 E. PRESCOTT CIR.			1.3 ST	REET ADOR	ESS :	300	Forest	Lakes Blud	-10~			
CITY-ST-ZIP	CUYAHOGA FALLS OH			.,	TY-ST-ZIP	4	Na	ples. F	L 34105		Channe	FT Addition	
TITLE	V		DELETE	2.1 TT	ιE		•	toe			Change	Addition	
NAME	WILDES, STANLEY L			2.2 N/	WE	6	zer	ald Blum	enthal.	4		1	
STREET ADDRESS	300 FOREST LAKES BLVD 312			2.3 \$1	REET ADDR	ess 7	300	Forest L	akesBlvd	#100			
CITY-ST-ZIP	NAPLES FL 34105	-	<u> </u>	2.4 C	TY-ST-ZIP-		Nap	oles, FL	.34/0 5			57 t 1/2/22	
TITLE	S		☐ DELETÉ	3.1 TT	rlë			ctor			Change	Addition	
NAME	THOMPSON, JANET H			3.2 N/	WE	F	204	HOSTO	rie _	0 11			
STREET ADDRESS	101 FOREST LAKES BLVD A-103	,		3.3 \$1	REET ADDR	ESS	boli	Forest t	akes Blu	X =101		1	
CITY-ST-ZIP	NAPLES FL 34105			3.4. C	TY-ST-ZIP	/	va p	oles, FL	34105				
TITLE	D		DELETE	4.1 TI	ΠE	כו	Dire	cho i	_		☐ Change	M Addition	
NAME	HAROOTUNIAN, ZAVEN			4. 2 N	AME	-	Rog	er Some	cruile				
STREET ADDRESS	200 TURTLE LAKE COURT			4.3 S1	REET ADDR	RESS	19ŏ\	TUTTLE	LakeCour	t #810		ļ	
CITY-ST-ZIP	NAPLES FL 34105			4.4 C	TY-ST-ZIP			des, FL					
TITLE	D		☐ DELETE	5.1 TT	TLE .		1				Change	☐ Addition	
NAME	SANDERS, WAYNE			5.2 N	ME								
STREET ADDRESS	7200 CAHILL RD			5.3 ST	REET ADDR	æss							
CITY-ST-ZIP	EDINA MN 55439				TY-ST-ZIP								
TITLE	T		☐ DELETE	6.1 TE	TLE						Change	`	
NAME NOTE:	HORVAY, HENRIETTA			6.2 N	AME								
STREET ADDRESS				6.3 S	REET ADDR	RESS							
	GOSHEN CT 06756			6.4 CI	TY-ST-ZIP								

14. 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:

941-434-0352 Daytime Phone # (Horne)

941-263-35870ffice