

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728121

FILED
Apr 20, 2006
Secretary of State

Entity Name: TURTLE LAKE GOLF COLONY CONDOMINIUM APTS., INC. NO. 1

Current Principal Place of Business:

180 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

GUARDIAN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-1579002 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOPALIAN, MICHAEL
Address: 100 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: DAVIS, PETER
Address: 200 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: S () Delete
Name: BRYANT, JOHN(BARRIE)
Address: 225 TURTLE LAKE CT
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: OLSON, RON
Address: 100 FOREST LAKES DR
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MCDERMOTT, CHARLOTTE
Address: 400 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: FOREST, PATRICIA
Address: 180 TURTLE LAKE CT
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLER, ANITA
Address: 200 TURTLE LAKE BLVD
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/20/2006

Electronic Signature of Signing Officer or Director

Date