2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 728121

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:	KIDD, PENNY	
Address:	190 TURTLE LAKE CT	
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:	MILLER, ANITA	
Address:	200 TURTLE LAKE BLVD	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/17/2008
Electronic Signature of Signing Officer or Director — Date