

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740564 (0)
1. Corporation Name
TURTLEBACK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~700 BEACH DR., N.E.~~
~~PHH~~
ST. PETERSBURG FL 33701-2630
~~700 BEACH DR., N.E.~~
~~PHH~~
ST. PETERSBURG FL 33701-2630

3. Date Incorporated or Qualified 10/07/1977
3a. Date of Last Report 05/19/1995

2. Principal Place of Business 2a. Mailing Address
21 480 GUIF BLVD. 26 480 GUIF BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 P.O. Box 686 27 P.O. Box 686
City & State City & State
23 BOCA GRANDE, FL 28 BOCA GRANDE, FL
Zip Zip
24 33921 25 Country 29 33921 30 Country

4. FEI Number 59-1992368
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WALLACE, JOHN P~~
~~700 BEACH DR., N.E.~~
~~PHH~~
~~ST. PETERSBURG FL 33701~~

81 Name SPURGEON, MARK A
82 Street Address (P.O. Box Number is Not Acceptable)
430 WEST 4TH ST.
83
84 City BOCA GRANDE FL 85 Zip Code 33921

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	GUTHRIE, WILLIAM	1.2 NAME	HAMILTON, FRANK
STREET ADDRESS	426 PARKWOOD	1.3 STREET ADDRESS	15425 EAST CLIFF AVENUE
CITY-ST-ZIP	KIRKWOOD MO	1.4 CITY-ST-ZIP	AURORA, CO 80013
TITLE	B	2.1 TITLE	VD
NAME	MILLS, JOHN	2.2 NAME	
STREET ADDRESS	871 DAUPIN D-26	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	ENGSTROM, JUNE	3.2 NAME	
STREET ADDRESS	2131 9TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE IL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	JOHNS, BOB	4.2 NAME	
STREET ADDRESS	4325 HOMEWOOD LN.	4.3 STREET ADDRESS	800001868958
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	-06/20/96--01023--010
TITLE	B	5.1 TITLE	PD
NAME	TILLERY, RICHARD K	5.2 NAME	
STREET ADDRESS	3305 S. OMAR AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	EMBREE, CHLOE	6.2 NAME	B KNIGHT, LINDA
STREET ADDRESS	401 DEVONSHIRE LN.	6.3 STREET ADDRESS	1016 S. STEAKING AVE.
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	TAMPA, FL 33629

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96

941 964-0338

DATE 5/19/96

CR2E037 (12/95)