

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 740564

1. Entity Name

TURTLEBACK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

480 GULF BLVD
P.O. BOX 686
BOCA GRANDE, FL 33921

Mailing Address

480 GULF BLVD
P.O. BOX 686
BOCA GRANDE, FL 33921

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1992368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPURGEON, MARK A
430 WEST 4TH ST
BOCA GRANDE, FL 33921

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
MILLS, JOHN
5020 BAYSHORE BLVD. #505
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BAUMGARTEN, PENNY
2818 LONDON ROAD
DULUTH, MN 55804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TILLERY, RICHARD K
3305 S. OMAR AVE.
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATTS, CAM
510 VERNON DR SE
CEDAR RAPIDS, IA 52402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOFFEND, FRANK
1642 S. PARK AVE.
NEENAH, WI 54956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000820474
02/18/08-80030-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #