## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 740564** 

City-St-Zip:

NEENAH, WI 54956

FILED Mar 17, 2009 Secretary of State

Entity Name: TURTLEBACK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 480 GULF BLVD 480 GULF BLVD P.O. BOX 686 BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 **New Mailing Address: Current Mailing Address:** 480 GULF BLVD P.O. BOX 686 P.O. BOX 686 BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 FEI Number: 59-1992368 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPURGEON, MARK A 430 WEST 4TH ST BOCA GRANDE, FL 33921 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VTD () Delete (X) Change ( ) Addition MILLS. JOHN MILLS, JOHN Name: Name: 5020 BAYSHORE BLVD. #505 Address: 3825 HENDERSON BLVD. STE 202 Address: TAMPA, FL 33629 City-St-Zip: TAMPA, FL City-St-Zip: Title: SD () Delete Title: () Change () Addition BAUMGARTEN, PENNY Name: Name: Address: 2818 LONDON ROAD Address: City-St-Zip: DULUTH, MN 55804 City-St-Zip: Title: () Delete Title: PD (X) Change ( ) Addition TILLERY, RICHARD K TILLERY, RICHARD K Name: Name: 3305 S. OMAR AVE. Address: Address: P.O. BOX 18574 City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33679 ( ) Delete Title: D Title: () Change () Addition WATTS, CAM Name: Name: 510 VERNON DR SE Address: Address: City-St-Zip: CEDAR RAPIDS, IA 52402 City-St-Zip: Title: () Delete Title: () Change () Addition KOFFEND, FRANK Name: Name: Address: 1642 S. PARK AVE Address:

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.

City-St-Zip:

SIGNATURE: RICHARD K. TILLERY PD 03/17/2009