

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:53

DOCUMENT # 764513 (8)

1. Corporation Name
TURTLE COVE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.

Principal Place of Business Mailing Address
9000 MIDNIGHT PASS RD SARASOTA FL 34242-9927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1982** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-2222485** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SPURLIN, WARREN
9000 MIDNIGHT PASS ROAD
SARASOTA FL 34242-9927**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FENNEL, FREDERICK
STREET ADDRESS	9000 MIDNIGHT PASS RD #7
CITY - ST - ZIP	SARASOTA FL
TITLE	STD
NAME	SPURLIN, A.KELLY
STREET ADDRESS	9000 MIDNIGHT PASS RD,#1
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	HIDY, WINNIE
STREET ADDRESS	9000 MIDNIGHT PASS RD,#3
CITY - ST - ZIP	SARASOTA FL
TITLE	VP
NAME	DORSEN, ROBERT
STREET ADDRESS	9000 MIDNIGHT PASS RD,#5
CITY - ST - ZIP	SARASOTA FL
TITLE	X D
NAME	KILBOURNE, CHARLES
STREET ADDRESS	9000 MIDNIGHT PASS RD,#4
CITY - ST - ZIP	SARASOTA FL
TITLE	X P
NAME	KELLY, JOHN
STREET ADDRESS	9000 MIDNIGHT PASS RD,#6
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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: *A. Kelly Spurlin, Secretary* **A. KELLY SPURLIN** 4/4/95 813 347-2379