

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 # 764513 (8)

1. Corporation Name

TURTLE COVE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.



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

3. Date Incorporated or Qualified: 08/10/1982
3a. Date of Last Report: 04/10/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2222485	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPURLIN, WARREN
9000 MIDNIGHT PASS ROAD
SARASOTA FL 34242-9927

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 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: Warren L. Spurlin
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	D <input type="checkbox"/> DELETE	11 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENNEL, FREDERICK	12 NAME	Paul Kilbourne
STREET ADDRESS	9000 MIDNIGHT PASS RD #7	13 STREET ADDRESS	6442 Hollywood Blvd.
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPURLIN, A.KELLY	22 NAME	Walsh, Michael
STREET ADDRESS	9000 MIDNIGHT PASS RD,#1	23 STREET ADDRESS	9000 Midnight Pass Rd. #2
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDY, WINNIE	32 NAME	
STREET ADDRESS	9000 MIDNIGHT PASS RD,#3	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	41 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSEN, ROBERT	42 NAME	Dorsen, Robert
STREET ADDRESS	9000 MIDNIGHT PASS RD,#5	43 STREET ADDRESS	9000 Midnight Pass Rd. #5
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBOURNE, CHARLES	52 NAME	
STREET ADDRESS	9000 MIDNIGHT PASS RD,#4	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN	62 NAME	Kelly, John
STREET ADDRESS	9000 MIDNIGHT PASS RD,#6	63 STREET ADDRESS	9000 Midnight Pass Rd. #6
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	Sarasota, FL 34242

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: A. Kelly Spurlin *A. Kelly Spurlin* 4/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)