

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

UJ/CS/SP

DOCUMENT # **764513**

1. Entity Name

**TURTLE COVE CONDOMINIUM ASSOCIATION OF SARASOTA,**

04-26-2001 90242 003 \*\*\*\*\*61.25

Principal Place of Business

**9000 MIDNIGHT PASS RD  
 SARASOTA FL 34242-9927**

Mailing Address

**9000 MIDNIGHT PASS RD  
 SARASOTA FL 34242-9927**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2222485**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FENNEL, FREDERICK</b> <b>9000 MIDNIGHT PASS RD #7</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SPURLIN, A.KELLY</b> <b>9000 MIDNIGHT PASS RD,#1</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIDY, WINNIE</b> <b>9000 MIDNIGHT PASS RD,#3</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DORSEN, ROBERT</b> <b>9000 MIDNIGHT PASS RD,#5</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KILBOURNE, CHARLES</b> <b>9000 MIDNIGHT PASS RD,#4</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, JOHN</b> <b>9000 MIDNIGHT PASS RD,#6</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL WALSH</b> <b>BION. PROSPECT</b> <b>PARK RIDGE, IL 60068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **A. KELLY SPURLIN** *A. Kelly Spurlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)