## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 05, 2002 8:00 am Secretary of State **DOCUMENT # 764513** 1. Entity Name TURTLE COVE CONDOMINIUM ASSOCIATION OF SARASOTA, 03-05-2002 90051 029 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address 9000 MIDNIGHT PASS RD 9000 MIDNIGHT PASS RD SARASOTA FL 34242-9927 SARASOTA FL 34242-9927 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2222485 Not Applicable \_ Country \_\_ \_ \$8.75-Additional Zip \_\_Zip\_\_ 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPURLIN, WARREN 9000 MIDNIGHT PASS ROAD #1 SARASOTA FL 34242-9927 Zip Code City 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change **★** Addition ☐ Delete TITLE TITLE GOOD WELLEN KELLYD #6 FENNELL, FREDERICK NAME NAME 9000 MIDNIGHT PASS RD #7 STREET ADDRESS STREET ADDRESS SARASOTA, FL34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Addition DMICHAEL WALSH ЯD TITLE Change TITLE ☐ Delete 310 N. PROSPUCT SPURLIN, A.KELLY NAME NAME STREET ADDRESS 9000 MIDNIGHT PASS RD,#1 STREET ADDRESS PARK RIDGE, 14 40068 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change Addition ☐ Delete TITLE GUNILLA DORSEN 9000 MIDNIGHT PASS #6 TITLE HIDY. WINNIE NAME NAME 9000 MIDNIGHT PASS RD.#3 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Addition ☐ Delete TITLE Change TITLE DORSEN, ROBERT NAME NAME STREET ADDRESS 9000 MIDNIGHT PASS RD,#5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition ☐ Delete TITLE Change TITLE KILBOURNE, CHARLES NAME NAME 9000 MIDNIGHT PASS RD.#4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete KELLY, JOHN NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

9000 MIDNIGHT PASS RD,#6

SARASOTA FL

JIREDA.KELLY SPURLIN 2/22/02 (941)349-2379