


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 049 ****61.25

DOCUMENT # 764513

1. Entity 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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2222485

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPURLIN, WARREN
9000 MIDNIGHT PASS ROAD
#1
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, JOHN	
STREET ADDRESS	9000 MIDNIGHT PASS #3	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ROBERT DORSEN, V-P 1-13-04 *Robert B. Dorsen* (941) 349-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #