2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #764513

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



FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90304 013 ****61.25

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Principal Place 9000 MIDNIG SARASOTA, F		Mailing Address 9000 MIDNIGHT PAS SARASOTA, FL 3424				1811 - 1911 - 1911 (1711 i 1711 i 1815 i 1816 i	1160 616H 116H 81H	iia a ra
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State			E0 0000 40E			oplied For	
Zip	Zip Country Zip		Country		5. Certificate of Status Desired Sa.75 Additional Fee Required				
6. Name and Address of Current Registe		Registered Agent	ed Agent		7. Name and Address of New Registered Agent				
				Nатте					
9000 MIDN	WARREN- NIGHT PASS ROAD		Street Address (P.O. Box Number is No			r is Not Acce	ptable)		
#1 SARASOTA, FL 34242-9927									
			City				F	L Zip Cod	е
	named entity submits this statement fi ions of registered agent.	or the purpose of changing i	ts registered of	fice or registe	ered agent, or both	n, in the State	of Florida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (No	OTE: Registered Ager	t signature require	id when renstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005		0 Ft	9. Election Campaign Financing Trust Fund Contribution.				Make ebe	ck payable t	
	-				\$5.00 May Be Added to Fees	'		ertment of S	
10.	Due by May 1, 2005	Trust Fund	Contribution.				Florida Dep	ertment of S	tate
10.	Due by May 1, 2005 : OFFICERS AND D	Trust Fund	Contribution.		ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN	tate
TITLE	Due by May 1, 2005 OFFICERS AND D	Trust Fund	11.			NGES TO O	FICERS AND S	DIRECTORS IN	tate
TITLE NAME	Due by May 1, 2005 OFFICERS AND D D FENNELL, FREDERICK*	Trust Fund	11. TITLE	<i>D</i> .	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN	tate
TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7	Trust Fund	11. TITLE NAME STREET AD	DRESS D.	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7 SARASOTA, FL	Trust Fund	11. TITLE NAME STREET ADI CITY-ST-Z	DRESS D.	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN Change	tate N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7 SARASOTA, FL DM	Trust Fund	TILE NAME STREET ADI CTY-ST-Z	DRESS D.	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7 SARASOTA, FL DM SPURLIN, A.KELLY	Trust Fund	11. TITLE NAME STREET ADI CITY-ST-Z TITLE NAME	DAESSS P	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN Change	tate N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7 SARASOTA, FL DM SPURLIN, A.KELLY 9000 MIDNIGHT PASS RD,#1	Trust Fund	11. TITLE NAME STREET ADI CITY-ST-Z TITLE NAME STREET ADI	DRESS P	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN Change	tate N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7 SARASOTA, FL DM SPURLIN, A.KELLY 9000 MIDNIGHT PASS RD,#1 SARASOTA, FL	Trust Fund IRECTORS Delete	TITLE NAME STREET ADI CITY-ST-Z TITLE NAME STREET ADI CITY-ST-Z	DRESS P	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN Change	Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Due by May 1, 2005 OFFICERS AND D FENNELL, FREDERICK* 9000 MIDNIGHT PASS RD #7 SARASOTA, FL DM SPURLIN, A.KELLY 9000 MIDNIGHT PASS RD,#1 SARASOTA, FL D VAUGHN, JOHN 9000 MIDNIGHT PASS RD,#3 SARASOTA, FL 34242 DVP	Trust Fund IRECTORS Delete	TITLE NAME STREET ADI CITY-ST-Z TITLE	DARESS P	ADDITIONS/CHA	NGES TO O	FICERS AND S	DIRECTORS IN Change	Addition
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12. Thereby 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 817, 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 tike empowered.