


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90304 013 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D. ELIZABETH FENNELLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNEL, FREDERICK		NAME		
STREET ADDRESS	9000 MIDNIGHT PASS RD #7		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	DM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURLIN, A.KELLY		NAME		
STREET ADDRESS	9000 MIDNIGHT PASS RD,#1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, JOHN		NAME		
STREET ADDRESS	9000 MIDNIGHT PASS RD,#3		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSEN, ROBERT		NAME		
STREET ADDRESS	9000 MIDNIGHT PASS RD,#5		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBOURNE, CHARLES		NAME		
STREET ADDRESS	9000 MIDNIGHT PASS RD,#4		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P. HELEN KELLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN		NAME		
STREET ADDRESS	9000 MIDNIGHT PASS RD,#6		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		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: <i>A. KELLY SPURLIN</i>			Date: <i>4/24/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small> <i>(941)349-2379</i>		