


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90100 024 \*\*\*\*61.25

<b>DOCUMENT # 764513</b>					
1. Entity Name TURTL 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2222485	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPURLIN, WARREN 9000 MIDNIGHT PASS ROAD #1 SARASOTA, FL 34242-9927			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNELL, D. ELIZABETH		NAME	CRAIG REIMERS	
STREET ADDRESS	9000 MIDNIGHT PASS RD #7		STREET ADDRESS	9000 MIDNIGHT PASS RD #7	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA, FL 34242	
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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORSEN, ROBERT		NAME	TERRY SMITH	
STREET ADDRESS	9000 MIDNIGHT PASS RD, #5		STREET ADDRESS	9000 MIDNIGHT PASS #5	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	DP	<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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, P. HELEN		NAME	FRANK KROSS	
STREET ADDRESS	9000 MIDNIGHT PASS RD, #6		STREET ADDRESS	9000 MIDNIGHT PASS #6	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>		A. KELLY SPURLIN		4/26/07 (941)349-2379	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	