


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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
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01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2222485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPURLIN, WARREN
 9000 MIDNIGHT PASS ROAD
 #1
 SARASOTA, FL 34242-9927**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U000000907837
 05/06/08-80003-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMERS, CRAIG 9000 MIDNIGHT PASS RD #7 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM SPURLIN, A.KELLY 9000 MIDNIGHT PASS RD,#1 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, JOHN 9000 MIDNIGHT PASS RD,#3 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TERRY 9000 MIDNIGHT PASS RD,#5 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KILBOURNE, CHARLES 9000 MIDNIGHT PASS RD,#4 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROSS, FRANK 9000 MIDNIGHT PASS RD,#6 SARASOTA, FL 34242

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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: Kelly Spurlin **KELLY SPURLIN** 4/15/08 (941)349-2379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #