

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90123 003 ****61.25

0058377

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

4. FEI Number **59-2222485**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	KELLY, HELEN	9000 MIDNIGHT PASS RD # 6	SARASOTA, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WALSH, MICHAEL	9000 MIDNIGHT PASS RD #2	SARASOTA, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	DORSEN, GUSILLA	9000 MIDNIGHT PASS RD #5	SARASOTA, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: A. KELLY AT SPURLIN, WARREN QUINN Kelly Spurlin 2/27/03 (94) 349-2379

CR2E037 (10/02)