

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 20 PM 2:09**

**DOCUMENT # 765810 (7)**  
1. Corporation Name  
**TURTLE CREEK EAST OWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**10410 S.E. TERRAPIN PL.  
TEQUESTA FL 33469  
US**      **275 TONEY PENNA DR.  
SUITE 10  
JUPITER FL 33458  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1982</b>	3a. Date of Last Report <b>03/28/1994</b>
4. FEI Number <b>59-2307692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required.
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**SUNRISE MANAGEMENT CO. OF TREASURE COAST  
275 TONEY PENNA DR.  
SUITE 10  
JUPITER FL 33458**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

\*SIGNATURE: *Craig B. Kunkle, Jr.*      **Craig B. Kunkle, Jr. - President (407) 575-7792**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MORLEY, BUEL 10411 SE TERRAPIN PLACE TEQUESTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HOUSEHOLDER, GED 10459 S.E. TERRAPIN PLACE TEQUESTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HOFFMEIR, ROBERT 19173 S.E. SEA TURTLE CT. TEQUESTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KOETHER, MARTIN 10507 SW TERRAPIN PLACE TEQUESTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUEDE, SUSAN 10410 SE TERRAPIN PLACE TEQUESTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D Clark, Wendell 10411 S.E. Terrapin Place Tequesta, FL 33469</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>P Hoffmeir, Robert 19173 S.E. Sea Turtle Court Tequesta, FL 33469</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>S Semmes, Helen 13069 S.E. Green Turtle Way Tequesta, FL 33469</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

\*SIGNATURE: *Robert Hoffmeir*      **Robert Hoffmeir, President (407) 575-7792**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE