

FILE NOW: FILING FEE IS \$61.25

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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765810 (7)
 1. Corporation Name
TURTLE CREEK EAST OWNERS ASSOCIATION, INC.



Principal Place of Business 10410 S.E. TERRAPIN PL TEQUESTA FL 33469 US	Mailing Address 275 TONEY PENNA DR. STE 7 JUPITER FL 33458 US
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3. Date Incorporated or Qualified 11/19/1982	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-2307692	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SUNRISE MANAGEMENT CO. OF TREASURE COAST
275 TONEY PENNA DR.
STE 7
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, WENDELL	
STREET ADDRESS	10411 S.E. TERRAPIN PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOUSEHOLDER, GED	
STREET ADDRESS	10459 S.E. TERRAPIN PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOFFMEIR, ROBERT	
STREET ADDRESS	19173 S.E. SEA TURTLE COURT	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAWTON, ROBERT	
STREET ADDRESS	10411 SE TERRAPIN PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARRICK, BOYD B	
STREET ADDRESS	19149 SE SEATURTLE COURT A-105	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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** 2/09/98 (561) 575-792

CR2E037 (10/97)