

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90233 028 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 765810
 1. Corporation Name
TURTLE CREEK EAST OWNERS ASSOCIATION, INC.

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|---|---|
| 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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|--------------------------------------|--|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 400 Toney Penna Dr | 3. Date Incorporated or Qualified 11/19/1982 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2307692 |
| City & State 23 | City & State 28 Jupiter, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 **Dickinson Management, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable)
400 Toney Penna Drive
 83
 84 City **Jupiter** **FL** 85 Zip Code **33458**

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 Sheridan M. Springer (Sheridan M. Springer) DATE 2/12/99

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 checked="" 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 checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 10411 S.E. Terrapin Place-C201 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 10459 S.E. Terrapin Place-D209 |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | TD Jean Mottaz |
| 4.3 STREET ADDRESS | 10507 S. E. Terrapin Place-E201 |
| 4.4 CITY-ST-ZIP | Tequesta, FL 33469 |
| 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, with all other like empowered.

SIGNATURE: WENDELL CLARK, JR. DATE: 2/8/99 DAYTIME PHONE #: 746-6362

CR2E037 (1/198)