


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N44528

1. Entity Name
TURTLE CREEK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

3890 TURTLE CREEK DR **3890 TURTLE CREEK DR**
A **A**
PT ORANGE, FL 32127 US **PT ORANGE, FL 32127 US**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

E. JOSEPH LECOMPTE, DDS
3890 TURTLE CREEK ROAD, SUITE A
PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MOUSSLY, SOUHEIL MD
STREET ADDRESS	3890 TURTLE CREEK RD, #C
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	STD
NAME	LECOMPTE, E. JOSEPH, DDS
STREET ADDRESS	3890 TURTLE CREEK RD, #A
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	D
NAME	FREBIS, DANIEL S
STREET ADDRESS	3890 TURTLE CREEK RD B-1
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000410196
 02/09/06-80026-020 61.25

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: _____ DATE: 1/26/06 DAYTIME PHONE #: 386-788-6057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR