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95 MAY -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N05603 (8)

1. Corporation Name

TURKEY CREEK VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
1051 TROUTMAN BLVD. BOX 3 PALM BAY FL 32905 US	1051 TROUTMAN BLVD. BOX 3 PALM BAY FL 32905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1984
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2481092 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

REILLY, JOSEPH F
1051 TROUTMAN BLVD.
ASSOCIATION MAIL BOX #3
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REILLY, JOSEPH R.	12 NAME	
STREET ADDRESS	1051 TROUTMAN BLVD., UNIT 101	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	Secretary/D ☑ Change ☐ Addition
NAME	NORTHEN, CAROL	22 NAME	Bonnie O'Dell
STREET ADDRESS	1051 TROUTMAN BLVD., UNIT 204	23 STREET ADDRESS	1051 Troutman Blvd. #102 DE
CITY-ST-ZIP	PLAM BAY FL	24 CITY-ST-ZIP	Palm Bay, Fl. 32907
TITLE	DT	31 TITLE	Treasurer/D ☑ Change ☐ Addition
NAME	NORTHEN, ART	32 NAME	Jason Thorne
STREET ADDRESS	1051 TROUTMAN BLVD., UNIT 204	33 STREET ADDRESS	1051 Troutman Blvd. # 205
CITY-ST-ZIP	PLAM BAY FL	34 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE		41 TITLE	~~Michael Cochran~~ Vice President ☐ Change ☑ Addition
NAME		42 NAME	Michael Cochran
STREET ADDRESS		43 STREET ADDRESS	1051 Troutman Blvd. # 201 DE
CITY-ST-ZIP		44 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	JR 5/18	51 TITLE	Director ☐ Change ☑ Addition
NAME		52 NAME	Margaret Roche
STREET ADDRESS		53 STREET ADDRESS	1051 Troutman Blvd. # 202 NE
CITY-ST-ZIP		54 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 asterisk.

SIGNATURE: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR) Date Daytime Phone #

0038420