

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
**1051 TROUTMAN BLVD.
BOX 3
PALM BAY FL 32905
US**

Mailing Address
**1051 TROUTMAN BLVD.
BOX 3
PALM BAY FL 32905
US**

3. Date Incorporated or Qualified
10/10/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2481092

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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

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	PD	<input type="checkbox"/> DELETE
NAME	REILLY, JOSEPH R.	
STREET ADDRESS	1051 TROUTMAN BLVD., UNIT 101	
CITY - ST - ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'DELL, BONNIE	
STREET ADDRESS	1051 TROUTMAN BLVD 102 NE	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THORNE, JASON	
STREET ADDRESS	1051 TROUTMAN BLVD 205	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COCHRAN, MICHAEL	
STREET ADDRESS	1051 TROUTMAN BLVD 201	
CITY - ST - ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHE, MARGARET	
STREET ADDRESS	1101 TROUTMAN BLVD #202 NE	
CITY - ST - ZIP	PALM BAY FL 32905	
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 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)(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 unchanged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)