

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05603** (8)  
1. Corporation Name  
**TURKEY CREEK VILLAS CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>1051 TROUTMAN BLVD. BOX 3 PALM BAY FL 32905 US</b>		Mailing Address <b>1051 TROUTMAN BLVD. BOX 3 PALM BAY FL 32905-4714 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>10/10/1984</b>		3a. Date of Last Report <b>04/12/1996</b>	
4. FEI Number <b>59-2481092</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>REILLY, JOSEPH F 1051 TROUTMAN BLVD. ASSOCIATION MAIL BOX #3 PALM BAY FL 32905</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City		<b>FL</b>	<b>85</b> 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		13. P.D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD-D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>MATTHEW R HARRIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REILLY, JOSEPH R.</b>		1.2 NAME <b>1011 TROUTMAN BLVD N.E. UNIT 201</b>	
STREET ADDRESS <b>1051 TROUTMAN BLVD., UNIT 101</b>		1.3 STREET ADDRESS <b>PALM BAY FL 32905</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>WENDELL L. ODEKERK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>O'DELL, BONNIE</b>		2.2 NAME <b>1011 TROUTMAN BLVD N.E. V.P.</b>	
STREET ADDRESS <b>1051 TROUTMAN BLVD 102 NE</b>		2.3 STREET ADDRESS <b>PALM BAY FLA 32905</b>	
CITY-ST-ZIP <b>PALM BAY FL 32907</b>		2.4 CITY-ST-ZIP <b>UNIT 108</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>JAWN, Thorne</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THORNE, JAWN JAWN</b>		3.2 NAME	
STREET ADDRESS <b>1051 TROUTMAN BLVD 205</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COCHRAN, MICHAEL</b>		4.2 NAME	
STREET ADDRESS <b>1051 TROUTMAN BLVD 201</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROCHE, MARGARET</b>		5.2 NAME	
STREET ADDRESS <b>1101 TROUTMAN BLVD #202 NE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **4/28/97**

CR2E037 (9/96)