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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1051 TROUTMAN BLVD. BOX 3 PALM BAY FL 32905 US	Mailing Address 1051 TROUTMAN BLVD. BOX 3 PALM BAY FL 32905 US
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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
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3. Date Incorporated or Qualified 10/10/1984	4. FEI Number 59-2481092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? Condo Assoc. Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 **Maureen Harvey**
 82 Street Address (P.O. Box Number is Not Acceptable)
1011 Troutman Blvd. #108
 83
 84 City **Palm Bay** FL 85 Zip Code **32905**

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 *Maureen Harvey* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> DELETE HARRI, MATHEW R. 1011 TROUTMAN BLVD NE UNIT 201 PALM BAY FL SD <input checked="" type="checkbox"/> DELETE O'DELL, BONNIE 1051 TROUTMAN BLVD 102 NE PALM BAY FL 32907 TD <input checked="" type="checkbox"/> DELETE THORNE, JAWN 1051 TROUTMAN BLVD 205 PALM BAY FL D <input type="checkbox"/> DELETE REILLY, JOSEPH R. 1051 TROUTMAN BLVD #201 PALM BAY FL <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition maureen Harvey 1011 Troutman Blvd NE #108 Palm Bay FL 32905 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SO Rita Anderson 1011 Troutman Blvd NE #101 Palm Bay FL 32905 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Patricia Farrelly 1011 Troutman Blvd NE #107 Palm Bay FL 32905 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Reilly, Joseph 1051 Troutman Blvd NE #101 Palm Bay FL 32905 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kathy Shaffer 1051 Troutman Blvd NE #206 Palm Bay FL 32905 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 or on an attachment with an address.

SIGNATURE: *Maureen Harvey*

CR2E037 (1097)