

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90091 012 ****61.25

DOCUMENT # N05603

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/10/1984

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

9. Name and Address of Current Registered Agent

HARVEY, MAUREEN
1011 TROUTMAN BLVD STE 108
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 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 VPD ☐ DELETE

NAME HARVEY, MAUREEN

STREET ADDRESS 101 TROUTMAN BLVD NE STE 108

CITY-ST-ZIP PALM BAY FL 32905

TITLE SD ☒ DELETE

NAME ANDERSON, RITA

STREET ADDRESS 1011 TROUTMAN BLVD NE STE 101

CITY-ST-ZIP PALM BAY FL 32905

TITLE TD ☒ DELETE

NAME FARRELLY, PATRICIA

STREET ADDRESS 1011 TROUTMAN BLVD NE STE 107

CITY-ST-ZIP PALM BAY FL 32905

TITLE PD ☒ DELETE

NAME REILLY, JOSEPH R.

STREET ADDRESS 1051 TROUTMAN BLVD NE STE 101

CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE

NAME SHAFFER, KATHY

STREET ADDRESS 1051 TROUTMAN BLVD NE STE 206

CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME Cochran, Michael

2.3 STREET ADDRESS 1051 Troutman Blvd NE # 201

2.4 CITY-ST-ZIP Palm Bay FL 32905

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME Corryea, Darrel

3.3 STREET ADDRESS 1011 Troutman Blvd NE # 102

3.4 CITY-ST-ZIP Palm Bay FL 32905

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Faron, Juliette

4.3 STREET ADDRESS 1051 Troutman Blvd NE # 204

4.4 CITY-ST-ZIP Palm Bay FL 32905

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR25037-11/98