

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05603

1. Entity Name

TURKEY CREEK VILLAS CONDOMINIUM ASSOCIATION, INC

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90092 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1051 TROUTMAN BLVD.  
BOX 3  
PALM BAY FL 32905  
US

1051 TROUTMAN BLVD.  
BOX 3  
PALM BAY FL 32905-4714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2481092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, MAUREEN  
1011 TROUTMAN BLVD STE 108  
ASSOCIATION MAIL BOX #3  
PALM BAY FL 32905

Name **DARREL CORVEA**

Street Address (P.O. Box Number is Not Acceptable)

**1011 TROUTMAN BLV  
PALM BAY FLORIDA**

City

FL

Zip Code

**32905**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, MAUREEN	
STREET ADDRESS	101 TROUTMAN BLVD NE STE 108	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, MICHAEL	
STREET ADDRESS	1051 TROUTMAN BLVD NE #201	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CORVEA, DARREL	
STREET ADDRESS	1011 TROUTMAN BLVD E #102	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARON, JULIETTE	
STREET ADDRESS	1051 TROUTMAN BLVD NE #204	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, KATHY	
STREET ADDRESS	1051 TROUTMAN BLVD NE STE 206	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ACTING PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARREL CORVEA	
STREET ADDRESS	1011 TROUTMAN BLV	
CITY-ST-ZIP	PALM BAY FLORIDA 32905	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA ANDERSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER NOT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPOINTED TO	
STREET ADDRESS	DATE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)