

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728121

FILED
Apr 24, 2014
Secretary of State
CC9512886595**Entity Name:** TURTLE LAKE GOLF COLONY CONDOMINIUM APTS., INC. NO.
1**Current Principal Place of Business:**180 FOREST LAKES BLVD
NAPLES, FL 34105**Current Mailing Address:**6704 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number: 59-1579002****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	OLSON, RON
Address	100 FOREST LAKES BLVD #102
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	MCDERMOTT, CHARLOTTE
Address	400 FOREST LAKES BLVD #101
City-State-Zip:	NAPLES FL 34105

Title	S
Name	MILLER, ANITA
Address	200 FOREST LAKES BLVD #211
City-State-Zip:	NAPLES FL 34105

Title	T
Name	PTACEK, JOHN
Address	150 TURTLE LAKE CT #109
City-State-Zip:	NAPLES FL 34105

Title	D
Name	MARINARO, JOAN
Address	300 FOREST LAKES BLVD #104
City-State-Zip:	NAPLES FL 34105

Title	D
Name	D'ALESSANDRO, VINNY
Address	170 TURTLE LAKE CT #211
City-State-Zip:	NAPLES FL 34105

Title	D
Name	HORVAY, HENRIETTA
Address	300 FOREST LAKES BLVD #101
City-State-Zip:	NAPLES FL 34105

Title	D
Name	SADLER, ROBERT
Address	200 FOREST LAKES BLVD #210
City-State-Zip:	NAPLES FL 34105

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RON OLSON**PRESIDENT****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	D
Name	KIDD, PENNY
Address	190 TURTLE LAKE CT #312
City-State-Zip:	NAPLES FL 34105