

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764513

**FILED  
Jul 22, 2019  
Secretary of State  
5793368161CC**

**Entity Name:** TURTLE COVE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

9000 MIDNIGHT PASS RD  
STE #1  
SARASOTA, FL 34242-2927

**Current Mailing Address:**

9000 MIDNIGHT PASS RD  
STE1  
SARASOTA, FL 34242-2927 US

**FEI Number: 59-2222485**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SPURLIN, WARREN  
9000 MIDNIGHT PASS ROAD  
#1  
SARASOTA, FL 34242-9927 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 D  
Name KROSS, FRANK  
Address 9000 MIDNIGHT PASS RD #6  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name SPURLIN, A.KELLY  
Address 9000 MIDNIGHT PASS RD #1  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name KAUFMAN, LINDA  
Address 9000 MIDNIGHT PASS RD#5  
City-State-Zip: SARASOTA FL 34242-2927

Title VP  
Name KILBOURNE, CHARLES  
Address 9000 MIDNIGHT PASS RD #4  
City-State-Zip: SARASOTA FL 34242-2927

Title D  
Name CUMMINGS, NOEL  
Address 9000 MIDNIGHT PASS RD,#2  
City-State-Zip: SARASOTA FL 34242

Title PRESIDENT  
Name GREENE, RICHARD MR  
Address 9000 MIDNIGHT PASS RD #3  
City-State-Zip: SARASOTA FL 34242-2927

Title D  
Name GOLLADAY, JAMES  
Address 9000 MIDNIGHT PASS RD #7  
City-State-Zip: SARASOTA FL 34242-2927

Title SECRETARY  
Name SPURLIN, WARREN  
Address 9000 MIDNIGHT PASS ROAD #1  
City-State-Zip: SARASOTA FL 34242

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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: WARREN SPURLIN**

**SECRETARY**

**07/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           GREENE, MEREDITH  
Address        9000 MIDNIGHT PASS ROAD #3  
City-State-Zip: SARASOTA FL 34242