

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764513

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

FILED
Mar 24, 2014
Secretary of State
CC5131770334

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: No

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

Title DP
Name SPENCER, THOMAS
Address 9000 MIDNIGHT PASS RD,#7
City-State-Zip: SARASOTA FL 34242

Title D.
Name FARLEY, EDWARD
Address 9000 MIDNIGHT PASS RD#5
City-State-Zip: SARASOTA FL 34242-2927

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

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

Title D.
Name WILLIAMS, ROBERT S
Address 9000 MIDNIGHT PASS RD
STE1
City-State-Zip: SARASOTA FL 34242-2927

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: A.KELLY SPURLIN

DTS

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date