2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764513

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: 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 Title DTS

Name KROSS, FRANK Name SPURLIN, A.KELLY

Address 9000 MIDNIGHT PASS RD #6 Address 9000 MIDNIGHT PASS RD,#1

City-State-Zip: SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242

Title D. Title D.

Name SPENCER, THOMAS Name FARLEY, EDWARD

Address 9000 MIDNIGHT PASS RD,#7 Address 9000 MIDNIGHT PASS RD#5

City-State-Zip: SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242-2927

Title DVP Title D

Name KILBOURNE, CHARLES Name CUMMINGS, NOEL

Address 9000 MIDNIGHT PASS RD,#4 Address 9000 MIDNIGHT PASS RD,#2

City-State-Zip: SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242

Title PRESIDENT

Name WILLIAMS, ROBERT S MR
Address 9000 MIDNIGHT PASS RD

#3

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 TREASURER 01/11/2015

FILED Jan 11, 2015

Secretary of State

CC6634540451