SIGNATURE: A. KELLY SPURLIN

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

TREASURER/DIRECTOR 01/20/2017

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

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

Officer/Director Detail :

D	Title	DTS
KROSS, FRANK	Name	SPURLIN, A.KELLY
9000 MIDNIGHT PASS RD #6	Address	9000 MIDNIGHT PASS RD,#1
SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242
DVP.	Title	D
FARLEY, CAROLYN	Name	KILBOURNE, CHARLES
9000 MIDNIGHT PASS RD#5	Address	9000 MIDNIGHT PASS RD STE #1
SARASOTA FL 34242-2927	City-State-Zip:	SARASOTA FL 34242-2927
D	Title	PRESIDENT
	Thuo	
CUMMINGS, NOEL	Name	WILLIAMS ROBERT S MR
CUMMINGS, NOEL 9000 MIDNIGHT PASS RD,#2	Name	WILLIAMS, ROBERT S MR
,	Name Address	WILLIAMS, ROBERT S MR 9000 MIDNIGHT PASS RD #3
9000 MIDNIGHT PASS RD,#2 SARASOTA FL 34242		9000 MIDNIGHT PASS RD
9000 MIDNIGHT PASS RD,#2	Address	9000 MIDNIGHT PASS RD #3
9000 MIDNIGHT PASS RD,#2 SARASOTA FL 34242	Address	9000 MIDNIGHT PASS RD #3
9000 MIDNIGHT PASS RD,#2 SARASOTA FL 34242 D	Address	9000 MIDNIGHT PASS RD #3
	KROSS, FRANK 9000 MIDNIGHT PASS RD #6 SARASOTA FL 34242 DVP. FARLEY, CAROLYN 9000 MIDNIGHT PASS RD#5 SARASOTA FL 34242-2927	KROSS, FRANKName9000 MIDNIGHT PASS RD #6AddressSARASOTA FL 34242City-State-Zip:DVP.TitleFARLEY, CAROLYNName9000 MIDNIGHT PASS RD#5AddressSARASOTA FL 34242-2927City-State-Zip:DTitle

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

FILED Jan 20, 2017 Secretary of State CC7295535520

Certificate of Status Desired: No

Date