

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765810

**Entity Name:** TURTLE CREEK EAST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10410 SE TERRAPIN PL  
TEQUESTA, FL 33469

**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**9679763206CC**

**Current Mailing Address:**

600 SANDTREE DRIVE  
SUITE 109  
PALM BEACH GARDENS, FL 33403 US

**FEI Number: 59-2307692**

**Certificate of Status Desired: No**

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

CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE  
SUITE 109  
PALM BEACH GARDENS, FL 33403 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 CUOMO, TOM  
Address C/O CAPITAL REALTY ADVISORS  
600 SANDTREE DR, #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title T  
Name SMITH, GAR  
Address C/O CAPITAL REALTY ADVISORS  
600 SANDTREE DR, #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title VP  
Name WEINSTEIN, STEVE  
Address C/O CAPITAL REALTY ADVISORS  
600 SANDTREE DR, #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title S  
Name FIELD, BARBARA  
Address C/O CAPITAL REALTY ADVISORS  
600 SANDTREE DR, #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title D  
Name PUGSLEY, JOHN  
Address C/O CAPITAL REALTY ADVISORS  
600 SANDTREE DR, #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

*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: TOM CUOMO**

P

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date