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.

PRESIDENT

Na Ac Ci Tit Na Ac City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

### 0

Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	VP	
Name	SEIB, JEAN	Name	KATEHAKIS, MARJORIE	
Address	7145 TURNER ROAD, STE 101	Address	7145 TURNER ROAD, STE 101	
City-State	-Zip: ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955	
Title	SECRETARY	Title	TREASURER	
Name	JENNINGS, ANNE	Name	ARNELLA, DONNA	
Address	7145 TURNER ROAD, STE 101	Address	7145 TURNER ROAD, STE 101	

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.

FEI Number: 59-2481092

# **Current Mailing Address:**

7145 TURNER ROAD, SUITE 101

ROCKLEDGE, FL 32955 US

SIGNATURE:

Name and Address of Current Registered Agent: OMEGA COMMUNITY MANAGEMENT, INC. 7145 TURNER ROAD, SUITE 101

ROCKLEDGE, FL 32955 US

# DOCUMENT# N05603

Electronic Signature of Registered Agent

Entity Name: TURKEY CREEK VILLAS CONDOMINIUM ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

7145 TURNER ROAD, SUITE 101 ROCKLEDGE, FL 32955

Certificate of Status Desired: No

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Jun 29, 2020 Secretary of State 3001917513CC

Date