

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44528

Entity Name: TURTLE CREEK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 24, 2014
Secretary of State
CC3441999960

Current Principal Place of Business:

3890 TURTLE CREEK DR
A
PT ORANGE, FL 32127

Current Mailing Address:

3890 TURTLE CREEK DR
A
PT ORANGE, FL 32127 US

FEI Number: 59-3185546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

E. JOSEPH LECOMPTE, DDS
3890 TURTLE CREEK ROAD, SUITE A
PORT ORANGE, FL 32127 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 VD
Name MOUSSLY, SOUHEIL MD
Address 3890 TURTLE CREEK RD, #C
City-State-Zip: PORT ORANGE FL

Title SDP
Name LECOMPTE, E. JOSEPH, DDS
Address 3890 TURTLE CREEK RD, #A
City-State-Zip: PORT ORANGE FL

Title DT
Name KYRSTIN, LLC
Address 633 HILLS BLVD
City-State-Zip: PORT ORANGE FL 32127

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: KYRSTIN LLC

DT

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date