

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

DOCUMENT# N44528

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

**FILED**  
**Apr 21, 2022**  
**Secretary of State**  
**8100040318CC**

**Current Principal Place of Business:**

3890 TURTLE CREEK DR  
SUITE B  
PORT ORANGE, FL 32127

**Current Mailing Address:**

3890 TURTLE CREEK DR  
SUITE B  
PORT 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 B  
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:** E. JOSEPH LECOMPTE

04/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VD  
Name MOUSSLY, SOUHEIL MD  
Address 3890 TURTLE CREEK DRIVE  
SUITE C  
City-State-Zip: PORT ORANGE FL

Title SDP  
Name LECOMPTE, E. JOSEPH, DDS  
Address 3890 TURTLE CREEK DRIVE  
SUITE B  
City-State-Zip: PORT ORANGE FL 32127

Title DT  
Name KYRSTIN, LLC  
Address 3890 TURTLE CREEK DRIVE  
SUITE B  
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:** E JOSEPH LECOMPTE

**PRESIDENT**

04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date