

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90060 019 \*\*\*\*61.25

**60009008**



01232006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 720194</b> 1. Entity Name TURTLE CREEK NO. 1 ASSOCIATION, INC.					
Principal Place of Business 195 SE TURTLE CREEK DRIVE RECREATION BLDG JUPITER, FL 33469			Mailing Address 195 SE TURTLE CREEK DRIVE RECREATION BLDG JUPITER, FL 33469		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1378597	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LACOMBE, EDWARD F 19 F TURTLE CREEK DRIVE TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, JIM		NAME		
STREET ADDRESS	10 B TURTLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACOMBE, EDWARD F		NAME		
STREET ADDRESS	10 B TURTLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCBRIDE, RUTH		NAME		
STREET ADDRESS	3 F TURTLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEND, JOHN		NAME		
STREET ADDRESS	10-E TURTLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELSHONS, M.(RED)		NAME		
STREET ADDRESS	3-A TURTLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, JOHN		NAME		
STREET ADDRESS	3A TURTLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>JOHN S. GREEND President</i>			<i>John S. GreenD</i> 1/27/06 561-746-3345		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		