

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741577 (1)

1. Corporation Name

TURKEY CREEK CLUB VILLA OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3 TURKEY CREEK
ALACHUA FL 32615

3 TURKEY CREEK
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1978

3a. Date of Last Report

04/29/1994

4. FBI Number

59-1934066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATION MANAGEMENT SERVICES
BEVERLY K. SMITH
5000 NW 27TH COURT
GAINESVILLE FL 32614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite C

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MENDEL, ED
STREET ADDRESS 2508 NW 27TH PLACE
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME MARTIN, CONNIE,
STREET ADDRESS P.O. BOX 2159 N/A
CITY-ST-ZIP ALACHUA FL 32615

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
Roy Poole
20 Turkey Creek
Alachua, FL 32615

☒ Change ☐ Addition

TITLE STD
NAME TOMLISON, MARGARET
STREET ADDRESS 193 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME GLICKSFIELD, WILLIAM,
STREET ADDRESS 119 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95

Date

Daytime Phone

(904) 374-8090