FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 741577 (1)

1. Corporation Name

TURKEY CREEK CLUB VILLA OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 NW 27TH CT STE C GAINESVILLE FL 32606 US	PO BOX 147050 STE 30 GAINESVILLE FL 32614 US

2. Principal Place of Business	2a. Mailing Address
21 11401 PALMETTO BLVD	26 148 TURKEY CREEK
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 ALACHUA, FL	City & State 28 ALACHUA, FL
Zip 24 32615 Country 25 U.S.A.	Zip 29 32615 Country 30 U.S.A.

3. Date Incorporated or Qualified: 02/09/1978
3a. Date of Last Report: 03/15/1995
4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT SERVICES
BEVERLY K. SMITH
5000 NW 27TH CT STE C
GAINSVILLE FL 32614

10. Name and Address of New Registered Agent

81 Name: ACTION MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable): D. JEFFREY SAUSAMAN
83 6110 NW 1ST PL
84 City: GAINESVILLE FL 85 Zip Code: 32607

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: D Jeffrey Sausaman D JEFFREY SAUSAMAN 3/29/96

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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDEL, ED		1.2 NAME	
STREET ADDRESS	2508 NW 27TH PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POOLE, ROY		2.2 NAME	
STREET ADDRESS	20 TURKEY CREEK		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOMLISON, MARGARET		3.2 NAME	
STREET ADDRESS	193 TURKEY CREEK		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615		3.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	4.1 TITLE PD	☐ Change ☒ Addition
NAME	GLICKSFIELD, WILLIAM,		4.2 NAME C.W. TUCKER	
STREET ADDRESS	119 TURKEY CREEK		4.3 STREET ADDRESS 9 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL		4.4 CITY-ST-ZIP ALACHUA, FL 32615	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Connie W Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)