


**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90013 022 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 741577</b>					
1. Corporation Name <b>TURKEY CREEK CLUB VILLA OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 11401 PALMETTO BLVD ALACHUA FL 32615 US			Mailing Address C/O ACTION REALTY 6110-B NW 1 PL GAINESVILLE FL 32607 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/09/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1934066	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
24		29		<input type="checkbox"/> <input type="checkbox"/>	
Country		Country		25	
25		30		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ACTION MANAGEMENT</b> <b>D. JEFFREY SAUSMAN</b> <b>6110-B NW 1 PL</b> <b>GAINESVILLE FL 32607</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDERMAN, DAVID	1.2 NAME	DAVID KIESZEK
STREET ADDRESS	141 TURKEY CREEK	1.3 STREET ADDRESS	324 TURKEY CREEK
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ARLENE	2.2 NAME	
STREET ADDRESS	213 TURKEY CREEK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, TAMSIN	3.2 NAME	
STREET ADDRESS	PO BOX 12884 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32602	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, C.W.	4.2 NAME	
STREET ADDRESS	9 TURKEY CREEK	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNEY, JT	5.2 NAME	
STREET ADDRESS	31 TURKEY CREEK	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINLEY, JAMES	6.2 NAME	
STREET ADDRESS	258 TURKEY CREEK	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, with all other like empowered.

SIGNATURE:

*D. Jeffrey Sausman* 3/12/99 752 331 1237  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Donny Kieszek - Association President*

CR2E037 (11/98)