

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90031 009 ****61.25

DOCUMENT # 741577 1. Entity Name TURKEY CREEK CLUB VILLA OWNERS ASSOCIATION, INC.					
Principal Place of Business 6516 NW 115TH LN. ALACHUA FL 32615 US			Mailing Address 213 TURKEY CREEK ALACHUA FL 32615 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1934066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALEXANDER, ARLENE E- SPELLING 213 TURKEY CREEK ALACHUA FL 32615			Name ALEXANDER, ARLENE Street Address (P.O. Box Number is Not Acceptable) 213 TURKEY CREEK City ALACHUA FL Zip Code 32615		
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. ARLENE ALEXANDER, TREASURER SIGNATURE <i>Arlene Alexander, Treasurer</i> DATE 2-4-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, EVE 327 TURKEY CREEK ALACHUA FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR MCBRIDE, EVE 327 TURKEY CREEK ALACHUA FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOUGHERTY, KAJ 159 TURKEY CREEK ALACHUA FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINLEY, JAMES 258 TURKEY CREEK ALACHUA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MCGINLEY, JAMES 258 TURKEY CREEK ALACHUA FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR ALEXANDER, ARLENE 213 TURKEY CREEK ALACHUA FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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. ARLENE ALEXANDER, TREASURER SIGNATURE: <i>Arlene Alexander, Treasurer</i> DATE 2-4-04 (386)462-5607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					