


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741577</b> 1. Entity Name <b>TURKEY CREEK CLUB VILLA OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6516 NW 115TH LN. ALACHUA FL 32615 US</b>			Mailing Address <b>213 TURKEY CREEK ALACHUA FL 32615 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1934066</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ALEXANDER, ARLENE 213 TURKEY CREEK ALACHUA FL 32615</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: 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>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>MCBRIDE, EVE</b> <b>327 TURKEY CREEK</b> <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>DOUGHERTY, KAY</b> <b>159 TURKEY CREEK</b> <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>MCGINLEY, JAMES</b> <b>258 TURKEY CREEK</b> <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>ALEXANDER, ARLENE</b> <b>213 TURKEY CREEK</b> <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ARLENE G. ALEXANDER, TREASURER</b> <i>Arleene G. Alexander, Treasurer</i>					



1st MOORE CR2E037 (10/05)

Applied For  
Not Applicable

**\$8.75 Additional Fee Required**

**FL** Zip Code

U000000403947  
02/06/06-80027-021 61.25

02/24/06  
02:16:19

1/24/06 (386) 462-5607