2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 750958

1. Entity Name
TURTLE COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1160 LEEWARD LANE VERO BEACH, FL 32963 US	1160 LEEWARD LANE VERO BEACH, FL 32963 US

01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2112400 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLGREN, DAVID
1160 LEEWARD LANE
VERO BEACH, FL 32963

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000782000
01/15/08-80057-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLGREN, DAVID
STREET ADDRESS	1160 LEEWARD LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	S
NAME	WILTON, LIZ
STREET ADDRESS	793 BANYAN
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	PASSAFLUME, MARIE
STREET ADDRESS	1000 WINDING RIVER ROAD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _____ 1-10-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #