

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764513

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** TURTLE COVE CONDOMINIUM ASSOCIATION OF SARASOTA,INC.

**Current Principal Place of Business:**

9000 MIDNIGHT PASS RD  
1  
SARASOTA, FL 342422927

**New Principal Place of Business:**

9000 MIDNIGHT PASS RD  
STE1  
SARASOTA, FL 342422927

**Current Mailing Address:**

9000 MIDNIGHT PASS RD  
1  
SARASOTA, FL 342422927

**New Mailing Address:**

9000 MIDNIGHT PASS RD  
STE1  
SARASOTA, FL 342422927

**FEI Number:** 59-2222485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPURLIN, WARREN  
9000 MIDNIGHT PASS ROAD  
#1  
SARASOTA, FL 342429927 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KROSS, FRANK  
Address: 9000 MIDNIGHT PASS RD #6  
City-St-Zip: SARASOTA, FL 34242 US

Title: DTS  
Name: SPURLIN, A.KELLY  
Address: 9000 MIDNIGHT PASS RD.#1  
City-St-Zip: SARASOTA, FL 34242 US

Title: DP  
Name: SPENCER, THOMAS  
Address: 9000 MIDNIGHT PASS RD.#3  
City-St-Zip: SARASOTA, FL 34242

Title: D  
Name: SMITH, TERRY  
Address: 9000 MIDNIGHT PASS RD,#5  
City-St-Zip: SARASOTA, FL 34242

Title: DVP  
Name: KILBOURNE, CHARLES  
Address: 9000 MIDNIGHT PASS RD,#4  
City-St-Zip: SARASOTA, FL 34242

Title: D  
Name: CUMMINGS, NOEL  
Address: 9000 MIDNIGHT PASS RD,#2  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: A. KELLY SPURLIN

DTS

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date