

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

08 FEB 28 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005885

1. Entity Name
TURTLE CROSSING HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
79 MASTERS DRIVE
ST AUGUSTINE, FL 32084

Mailing Address
79 MASTERS DRIVE
ST AUGUSTINE, FL 32084

2. Principal Place of Business - No P.O. Box #
475 W TOWN PLACE
Suite, Apt. #, etc.
100

3. Mailing Address
475 W TOWN PLACE
Suite, Apt. #, etc.
100

City & State
ST AUGUSTINE, FL

City & State
ST AUGUSTINE, FL

Zip
32092

Country

Zip
32092

Country



4. FEI Number
59-3736409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE NEIGHBORHOOD MANAGERS, INC.
C/O JANICE L HERREN
79 MASTERS DRIVE
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name: SEVERN TRENT SERVICES, INC
Street Address (P.O. Box Number is Not Acceptable)
475 W TOWN PLACE, #100
City ST AUGUSTINE FL Zip Code 32092

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

Sheli Moran as agent

SHELI MORAN

12/3/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME MICHAEL, LARRY
STREET ADDRESS 731 VISCAYA BLVD
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☒ Delete

TITLE S
NAME MEEKS, DAVID
STREET ADDRESS 112 CARETTA CIR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☒ Delete

TITLE T
NAME KOLOR, EDWARD
STREET ADDRESS 727 VISCAYA BLVD
CITY-ST-ZIP ST AUGUSTINE, FL 32086 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JOAN BEEVERS
STREET ADDRESS 132 CARETTA CIR
CITY-ST-ZIP ST AUGUSTINE, FL 32086 ☐ Change ☒ Addition

TITLE T
NAME DEBBIE IUSO
STREET ADDRESS 133 CARETTA CIRCLE
CITY-ST-ZIP ST AUGUSTINE, FL 32086 ☐ Change ☒ Addition

TITLE S
NAME KATE SCHOOLEY
STREET ADDRESS 716 VISCAYA BLVD
CITY-ST-ZIP ST AUGUSTINE, FL 32086 ☐ Change ☒ Addition

TITLE D
NAME BETH PURTILL
STREET ADDRESS 136 CARETTA CIR
CITY-ST-ZIP ST AUGUSTINE, FL 32086 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Beevers

2/13/08

Date

(904) 940-6044

Daytime Phone #