

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005885

FILED
Apr 24, 2009
Secretary of State

Entity Name: TURTLE CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

475 W TOWN PLACE
100
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

475 W TOWN PLACE
100
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3736409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE
100
ST AUGUSTINE, FL 32092 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: P () Delete
Name: BEEVERS, JOAN
Address: 132 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete
Name: IUSO, DEBBIE
Address: 133 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: SCHOOLEY, KATE
Address: 716 VISCAYA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: PURTILL, BETH
Address: 136 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TREFRY, RUTH
Address: 724 VISCAYA BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TD (X) Change () Addition
Name: IUSO, DEBBIE
Address: 133 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD (X) Change () Addition
Name: SCHOOLEY, KATE
Address: 716 VISCAYA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PD (X) Change () Addition
Name: PURTILL, BETH
Address: 136 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Change (X) Addition
Name: LEWIS, GEORGE
Address: 124 CARETTA CIR
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETH PURTILL

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date