
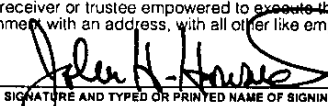


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 049 ****61.25

DOCUMENT # N00249 1. Entity Name TURTLE DUNES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034			Mailing Address C/O AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2410929	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREGORY, DAVID B AMELIA ISLAND MGMT. 3000 FIRST COAST HWY. FERNANDINA BEACH, FL 32034			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, JOHN		NAME		
STREET ADDRESS	P.O. BOX 8027		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVIE, FRANK		NAME		
STREET ADDRESS	405 CREW ROAD		STREET ADDRESS		
CITY-ST-ZIP	N. WAKE FIELD, NH 03872		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELLERS, SHAY		NAME		
STREET ADDRESS	7987 WHITTLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MACON, GA 31220		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMODY, THOMAS W		NAME		
STREET ADDRESS	21-44 CROTON LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	KATONAH, NY		CITY-ST-ZIP	zip: 10536	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHALBERG, ROBERT		NAME		
STREET ADDRESS	775 CONSIDINE RD.		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, IL 60134		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, KATHLEEN		NAME		
STREET ADDRESS	500 EAST 77TH STREET, APT 232		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	zip: 10162	
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: 			Date: 3/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT

40549876

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Document #N00249

Turtle Dunes Condominium Association, Inc.

10. Officers and Directors (continued)

AD	Addition
A. Hoan Seng Tan	
2855 Golf Circle	
Emmaus, PA 18049	

AD	Addition
Knott, Dr. Tara D.	
1847 Turtle Dunes	
Amelia Island, FL 32034	