

2002 UNIFORM BUSINESS REPORT (UBR)

02-24-2002 90087 027 ****61.25
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DOCUMENT # N01000000282

1. Entity Name

TURTLE NEST VILLAGE INC.

Principal Place of Business

Mailing Address

254 TRADEWIND DRIVE
PALM BEACH FL 33480

254 TRADEWIND DRIVE
PALM BEACH FL 33480

2. Principal Place of Business

1431 S. Palmway

3. Mailing Address

1431 S. Palmway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

65-107579

Applied For

Not Applicable

5. Certificate of Status

Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

ELIZABETH BROWN

Street Address (P.O. Box Number is acceptable)

1431 S. Palmway

City

Lake Worth

FL

Zip Code

33460

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	SALADRIGAS, VALERIE	STREET ADDRESS	217 EDMORE ROAD	CITY-ST-ZIP	WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete
TITLE	D	NAME	SMITH, STEVE	STREET ADDRESS	4147 BEECH AVENUE	CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE	D	NAME	COLHOUN, NANCY	STREET ADDRESS	254 TRADEWIND DRIVE	CITY-ST-ZIP	PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	NAME	Elizabeth Brown	STREET ADDRESS	1431 Palmway	CITY-ST-ZIP	Lake Worth, FL 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone # 561

586-8522

FILED

02 MAR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)