2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N01000000282

Entity Name: TURTLE NEST VILLAGE INC.

Current Principal Place of Business:

900 OSCEOLA DR.
SUITE 222
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

900 OSCEOLA DR.
SUITE 222
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-1078279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ELIZABETH
1202 SOUTH PALMWAY DRIVE
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

BROWN, ELIZABETH
1202 SOUTH PALMWAY
LAKE WORTH, FL 33460 US

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: ELIZABETH BROWN 01/16/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FLEMING, CHRISTOPHER F	
Address:	520 SOUTH PALMWAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	VP	( ) Delete
Name:	GHYSALS, DAVID	
Address:	640 FARM STREET	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	ED	( ) Delete
Name:	BROWN, ELIZABETH	
Address:	1431 S. PALM WAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	(X) Delete
Name:	ELISOFON, JILL	
Address:	1801 SOUTH FLAGLER APT 707	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	(X) Delete
Name:	MCGREGOR, JANE	
Address:	257 TRADEWIND DRIVE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	DIAZ, KERRY	
Address:	541 OVERLOOK DR.	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ED	(X) Change ( ) Addition
Name:	BROWN, ELIZABETH	
Address:	1202 SOUTH PALM WAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH BROWN ED 01/16/2006
Electronic Signature of Signing Officer or Director Date