

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000282

FILED
Mar 02, 2009
Secretary of State

Entity Name: TURTLE NEST VILLAGE INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

900 OSCEOLA DR.
SUITE 302A
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
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

O'MEARA HAMPTON, KELLY
1 WEST CAMINO REAL
118
BOCA RATON, FL 33432 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: KELLY O'MEARA HAMPTON

03/02/2009

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: MARTIN, MARY
Address: PO BOX 9134
City-St-Zip: JUPITER, FL 33468

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

Title: S () Delete
Name: MELTZER, ROSS
Address: 265 GRANADA RD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: MARTIN LODER, MARY PH.D.
Address: 113 VIA SANTA CRUZ
City-St-Zip: JUPITER, FL 33458 US

Title: V CH (X) Change () Addition
Name: WAGMAN, DEVIN
Address: 929 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: T (X) Change () Addition
Name: LIFSHITZ, MICHAEL
Address: 14534 AUTUMN N AVE.
City-St-Zip: WELLINGTON, FL 33414 US

Title: S (X) Change () Addition
Name: DUFFY, MICHELLE
Address: 16060 RIO RODEO
City-St-Zip: DELRAY BEACH, FL 33446 US

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: MARY MARTIN LODER, PH.D.

CH

03/02/2009

Electronic Signature of Signing Officer or Director

Date