2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008775

1. Entity Name
TOWNHOMES AT TURTLE CREEK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3809 N. OAK DR TAMPA, FL 33611	PO BOX 13675 TAMPA, FL 33681-3675

DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
58-2667051
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CORY LEIGH
6519 SPRING OAK CT
TAMPA, FL 33625

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000518813
05/02/06-80029-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAYLOR, CORY LEIGH
STREET ADDRESS	6519 SPRING OAK CT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	DVP
NAME	DALTON, LOUIE
STREET ADDRESS	6319 SPRING OAK CT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	DT
NAME	JOSEPH, THOMAS
STREET ADDRESS	14935 SALAMANDER PL
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	DS
NAME	PFEIFFER, JOYCE A
STREET ADDRESS	14928 SALAMANDER PL
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	STEVENSON, ROBERT
STREET ADDRESS	6512 SPRING OAK CT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joyce A. Pfeiffer Director 4-17-06 (813) 831-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joyce A. Pfeiffer