2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008775

FILED Apr 10, 2007 Secretary of State

Entity Name: TOWNHOMES AT TURTLE CREEK ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3809 N. OAK DR TAMPA, FL 33611 Current Mailing Address: PO BOX 13675 TAMPA, FL 336813675				4858 W. GANDY BLVD. TAMPA, FL 33611 New Mailing Address: 4858 W. GANDY BLVD. TAMPA, FL 33611		
			New Maili			
FEI Number	r: 58-2667051	FEI Number Applied For ()	FEI Number Not Appl	cable () Certificate o	f Status Desired ()	
Name and	d Address of Cเ	rrent Registered Agent:	Name and	Address of New Registe	ered Agent:	
6519 SPR TAMPA, F The above		ubmits this statement for the p	urpose of changing i	s registered office or regis	stered agent, or both,	
SIGNATU		0:				
		Signature of Registered Age		Date		
OFFICER	S AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICE	RS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () E TAYLOR, CORY 6519 SPRING OA TAMPA, FL 3362	AK CT	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	DVP () DALTON, LOUIE 6319 SPRING OA TAMPA, FL 3362		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name:	DT ()[JOSEPH, THOM/ 14935 SALAMAN TAMPA, FL 3362	DER PL	Title: Name: Address: City-St-Zip:	DT (X) Change () A JOHNSON, RONALD 6403 SPRING OAK CT. TAMPA, FL 33625	ddition	
Address: City-St-Zip:				BO 00 01 () 4		
	DS () [PFEIFFER, JOY0 14928 SALAMAN TAMPA, FL 3362	DER PL	Title: Name: Address: City-St-Zip:	DS (X) Change () A WILSON, DIANE 6413 SPRING OAK CT. TAMPA, FL 33625	ddition	

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: CORY LEIGH TAYLOR DP 04/10/2007