

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008775

FILED
Apr 14, 2008
Secretary of State

Entity Name: TOWNHOMES AT TURTLE CREEK ASSOCIATION, INC.

Current Principal Place of Business:

4858 W. GANDY BLVD.
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4858 W. GANDY BLVD.
TAMPA, FL 33611

New Mailing Address:

FEI Number: 58-2667051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

POWELL, CARNEY, GROSS, MALLER & RAMSAY PA
ONCE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG, FL 33701 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: KAREN MALLER

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TAYLOR, CORY LEIGH
Address: 6519 SPRING OAK CT
City-St-Zip: TAMPA, FL 33625

Title: DVP () Delete
Name: DALTON, LOUIE
Address: 6319 SPRING OAK CT
City-St-Zip: TAMPA, FL 33625

Title: DT (X) Delete
Name: JOHNSON, RONALD
Address: 6403 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

Title: DS () Delete
Name: WILSON, DIANE
Address: 6413 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: STEVENSON, ROBERT
Address: 6512 SPRING OAK CT
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: BILLINGTON, LAURIE
Address: 6518 SPRING OAK CT
City-St-Zip: TAMPA, FL 33625

Title: P (X) Change () Addition
Name: DALTON, LOUIE
Address: 6319 SPRING OAK CT
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, DIANE
Address: 6413 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RHONDA TURNER

LCAM

04/14/2008

Electronic Signature of Signing Officer or Director

Date