

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000002515**  
 1. Entity Name  
**THE TURTLE CRAWL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4235 GULF OF MEXICO DRIVE  
 LONGBOAT KEY, FL 34228**

Mailing Address  
**4301 32ND ST W.  
 A-20  
 BRADENTON, FL 34205**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0782572</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C&S CONDO MGMNT. SERV., INC.  
 4301 32ND ST. WEST, STE A-20  
 BRADENTON, FL 34205**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

100000477753  
 04-30-06 00063 022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIELAND, DAVID 506 74TH ST. HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GREEN, WILLIAM 325 GOLDEN GATE PT., APT 8 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKEL, DAVID C 3639 CORTEZ RD., STE 200 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *William C. Eckel* **WILLIAM C. ECKEL** TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *2/17/06* Daytime Phone #: *813-387-5574*