2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
04-29-2005 90297 014 ****61.25

66020661

DOCUMENT # N04000000524

1. Entity Name
TURTLE POINTE COVE AT WEST BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108	5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108

2. Principal Place of Business	3. Mailing Address
1719 Trade Center Way	PO Box 8478
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.:
City & State: Naples, FL	City & State: Naples, FL
Zip: 34109 Country: USA	Zip: 34101-8478 Country: USA

04252005 Chg-NP CR2E037 (10/03)

4. FEI Number: 20-0633618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY J
5801 PELICAN BAY BOULEVARD, SUITE 600
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: Sandcastle Community Management, Inc
Street Address (P.O. Box Number is Not Acceptable): 1719 Trade Center Way
Suite 4
City: Naples FL Zip Code: 34109

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: Ronda Thomas 05-26-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOSHER, TED 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William Watts PO Box 157 Brielle NJ 08730	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEARSELLA, TIM 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Sec Carolyn Peter 614 Eagletrace Quincy IL 62305	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Tr. Owen McCrory 19001 Ridgepointe Dr. Estero, FL 33928	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Owen McCrory 4/26/05 239-948-9017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED
MAY 23 2005
CENTEX HOMES