

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90045 033 ****61.25

DOCUMENT # N04000000524 1. Entity Name TURTLE POINTE COVE AT WEST BAY CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1719 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109		Mailing Address P.O. BOX 8478 NAPLES, FL 34101-8478	
2. Principal Place of Business Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110		3. Mailing Address Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	
Zip Country		Zip Country	
4. FEI Number 20-0633618		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDCASTLE COMMUNITY MANAGEMENT, INC 1719 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: Advanced Property Management Service, Inc. Street Address (P.O. Box Number is Not Acceptable): 1035 Collier Center Way, #7 City: Naples, FL 34110 FL Zip Code	
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: <u>Susan L. Thompson</u> SUSAN L. THOMPSON <u>2/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME WATTS, WILLIAM STREET ADDRESS P.O. BOX 157 19017 RIDGE POINTE DR CITY-ST-ZIP BRIELLE, NJ 08730 ESTERO, FL 33928	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPS <input type="checkbox"/> Delete NAME PETER, CAROLYN STREET ADDRESS 614 EAGLE TRACE CITY-ST-ZIP QUINCY, IL 62305	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPT <input checked="" type="checkbox"/> Delete NAME MCCRONY, OWEN STREET ADDRESS 19001 RIDGE POINTE DR CITY-ST-ZIP ESTERO, FL 33928	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPT <input type="checkbox"/> Delete NAME DOBIE, TERRENCE STREET ADDRESS 19013 RIDGE POINT DR. CITY-ST-ZIP ESTERO, FL 33928	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>William J. Watts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/26/2006</u> Daytime Phone #	