## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # N04000011589  1. Entity Name TURTLE ROCK HOMEOWNERS ASSOCIATION, INC.									04-11-200	•		
4798 SOUTH FLORIDA AVE., #106				Mailing Address 4798 SOUTH FLORIDA AVE., #106 LAKELAND, FL 33813-2181				) (FB((F) Z)		ller Barst Hoor (		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04082007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Number	2189069	;		oplied For ot Applicable
Zip	Zip Country		Zip		Cou	entry	5. Certificate of Status			×	\$8.75 Add	
	6. Name	and Address of Curren	Registere	d Agent		Name		7. Name and	Address of New F	Registered	Agent	
SOLARY, MICHAEL						Ivanie						
4798 S FLORIDA AVE 106 LAKELAND, FL 33813-2181						Street Add	Idress (F	P.O. Box Numbe	r is Not Acceptable	e)		
						City	··		<del>_</del>	FL	Zip Cod	le
8. The above	named entit	y submits this statement f	or the purp	ose of changing its	register	ed affice or r	registere	ed agent, or both	n, in the State of Fl		familiar with,	and accept
the obligations of registered agent.												
SIGNATURE								when reinstating)		DATE		<del></del>
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			<b>_</b>	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	DB.	OFFICERS AND D	RECTORS		11.	т.		DDITIONS/CHA	NGES TO OFFICE	RS AND DI	RECTORS IN	l 10
TITLE NAME	DP ESPIE. R		RECTORS	☐ Delete	пти	į	<u> </u>				RECTORS IN Change	I 10 Addition
TITLE	ESPIE, R 4798 D FI	ICHARD LORIDA AVE 106	RECTORS	☐ Delete	MAM STRE	E Et address i 4	iylə Sola 4798	ry, Mic S. Flui	hael ida Ave =	#106	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ESPIE, R 4798 D FI LAKELAN DV	ICHARD LORIDA AVE 106 ID, FL 338132181	RECTORS	☐ Delete	TITLE NAM STRE	E S ET ADDRESS 4 -ST-ZIP 2	UNIO Sola 4798 Lake	S. Flui land, F	hael ida Ave = L 33813-	#106 -2181	Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ESPIE, R 4798 D FI LAKELAN DV SOLARY, 4798 S FL LAKELAN DST BURT, DE 4798 S FL	ICHARD LORIDA AVE 106 ID, FL 338132181 MICHAEL LORIDA AVE 106 ID, FL 338132181	RECTORS	□ Delete	TITLL NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS 4 -ST-ZIP 2 E ET ADDRESS 4 -ST-ZIP 2 E ET ADDRESS 4 -ST-ZIP 2 E E C E	Sola 1798 Lake DV Med 1798 Lake DST	Jicol, Do S. Floridand, F Jicol, Do S. Floridand, FC	hael da Ave = L 33813- rvid la Ave # L 33813	#106 -2181 -2181 -218	Change  Change	Addition
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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: