2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90037 026 ****70.00

DOCUMENT # N04000011589 1. Entity Name TURTLE ROCK HOMEOWNERS ASSOCIATION, INC.							1-09-2008 90	037 026	****70.00	
	e of Business I FLORIDA AVE., #106 	Mailing Address 4798 SOUTH FLORIDA AVE., #106 LAKELAND, FL 33813-2181								HIP (1 191)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					EON BIEN COM DENS D			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			o ₄	4062008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4.	FEI Numbe 41-2189	9069		1	plied For t Applicable
Zip	Country	Zip	Cour	Country		Certificate	of Status Desired	×	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7.	Name and	Address of New	Registered	Agent	
COLADY	MICHAEI			Name						
SOLARY, MICHAEL 4798 S FLORIDA AVE 106 LAKELAND, FL 33813-2181			-	Street Address (P.O. Box Number is Not Acceptable)						
			-	City		 -	<u> </u>	FI	Zip Code	
9 The above	named entity submits this statement for	or the ournose of changing its	ragistara	d office or r	ragistarad a	nent or bot	h in the State of F		familiar with	and account
	tions of registered agent.	or the purpose of overlying its	(togistore)	o omoc or .	.09.5.5.00	goni, or zoo	.,	TOTAL TELE	, carming trials	
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered	Agent signeture	re required when	reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C		nancing	_ \$5.	.00 May Bolled to Fees		Make che	ck payable to	
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C		nancing on. [□ \$5. Add	.00 May B		Make cheo orida Depa	ertment of St	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI DV MCNICOL, DAVID	9. Election Can Trust Fund C	mpaign Fir Contribution 11.	nancing on. [□ \$5. Add	.00 May Bolled to Fees	FIN NIGES TO OFFIC	Make cheo orida Depa ERS AND E	ertment of St	tate
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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 the proporered.

SIGNATURE:

SIGNATURE AND TYPEDON RESULTED NAME OF SIGNATURE AND TYPEDON RESULTED NAME OF SIGNATURE ON DEPARTMENT OF DEPARTMEN

Michael Solory, President 4/6/08 863-647-0301