2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N05603

Entity Name: TURKEY CREEK VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2481092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete
Name:	SASLOV, BERNICE
Address:	1051 TROUTMAN BLVD NE #201
City-St-Zip:	PALM BAY, FL 32905
Title:	VPD ( ) Delete
Name:	BRAMLET, CONNIE
Address:	1011 TROUTMAN BLVD NE #101
City-St-Zip:	PALM BAY, FL 32905
Title:	SD ( ) Delete
Name:	KING, CHRIS
Address:	1011 TROUTMAN BLVD NE #204
City-St-Zip:	PALM BAY, FL 32905
Title:	TD ( ) Delete
Name:	SASLOV, JERALD
Address:	1051 TROUTMAN BLVD NE #201
City-St-Zip:	PALM BAY, FL 32905
Title:	D ( ) Delete
Name:	FALLS, VALE
Address:	1011 TROUTMAN BLVD NE #204
City-St-Zip:	PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE SASLOV PD 03/16/2009

Electronic Signature of Signing Officer or Director Date