

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004835

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** TURTLE CREEK RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

529 VERSAILLES DRIVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

529 VERSAILLES DRIVE  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

529 VERSAILLES DRIVE  
MAITLAND, FL 32751

**New Mailing Address:**

529 VERSAILLES DRIVE  
SUITE 200  
MAITLAND, FL 32751

**FEI Number:** 26-0212490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SINGLETON, RALPH  
529 VERSAILLES DRIVE  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

SINGLETON, RALPH  
529 VERSAILLES DRIVE  
SUITE 200  
MAITLAND, FL 32751 US

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:

02/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARRELL, BOB J  
Address: 529 VERSAILLES DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: T  
Name: SINGLETON, RALPH  
Address: 529 VERSAILLES DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: DETWEILER, MAYLINDA  
Address: 529 VERSAILLES DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: JONES, YOLANDA A HARRELL  
Address: 529 VERSAILLES DRIVE  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: RALPH SINGLETON

T

02/03/2010

Electronic Signature of Signing Officer or Director

Date