

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 17, 2010**  
**Secretary of State**

DOCUMENT# N06000004835

**Entity Name:** TURTLE CREEK RESIDENTS' ASSOCIATION, INC.**Current Principal Place of Business:**529 VERSAILLES DRIVE  
SUITE 200  
MAITLAND, FL 32751**New Principal Place of Business:**201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**529 VERSAILLES DRIVE  
SUITE 200  
MAITLAND, FL 32751**New Mailing Address:**201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES, FL 33134**FEI Number:** 26-0212490**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SINGLETON, RALPH  
529 VERSAILLES DRIVE  
SUITE 200  
MAITLAND, FL 32751 US**Name and Address of New Registered Agent:**KERRIGAN, JUANITA I  
201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES, FL 33134 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: JUANITA I KERRIGAN

08/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD  
**Name:** CORNERS, JOHN R  
**Address:** 201 ALHAMBRA CIRCLE  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** VD  
**Name:** GAVENAS, JOHN D  
**Address:** 201 ALHAMBRA CIRCLE  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** TSD  
**Name:** IORIO, ANTHONY S JR  
**Address:** 201 ALHAMBRA CIRCLE  
**City-St-Zip:** CORAL GABLES, FL 33134

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: JOHN R CORNERS

PD

08/17/2010

Electronic Signature of Signing Officer or Director

Date