2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N06000010380

Entity Name: TURTLE CREEK BUSINESS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4195 S HIGHWAY US 1
ROCKLEDGE, FL 32955

New Principal Place of Business:

4195 S HIGHWAY US 1
102
ROCKLEDGE, FL 32955

Current Mailing Address:

4195 S HIGHWAY US 1
ROCKLEDGE, FL 32955

New Mailing Address:

4195 S HIGHWAY US 1
102
ROCKLEDGE, FL 32955

FEI Number: 20-8828358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, ANDREW C
4195 S HIGHWAY US 1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BARBER, ANDREW C
4195 S HIGHWAY US 1
102
ROCKLEDGE, FL 32955 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: ANDREW C. BARBER 02/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DCT ( ) Delete
Name: BARBER, ANDREW C
Address: 4195 S HIGHWAY US 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: DVC ( ) Delete
Name: WALKER, JOHN W
Address: 4195 S HIGHWAY US 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS ( ) Delete
Name: BARBER, CHRISTINE
Address: 2600 NEWFOUND HARBOUR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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:

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: ANDREW C BARBER DCT 02/05/2009
Electronic Signature of Signing Officer or Director Date