2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

GNATURE AND TYPED OR PRIN

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # N07000001743 04-15-2008 90017 040 ***185.00 TURTLE CREEK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **60024800** 3675 BROADWAY 3675 BROADWAY FORT MYERS, FL 33901 FORT MYERS, FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 CR2E037 (12/06) Chg-NP X Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert Zakheim GARLICK, THOMAS B ESQ Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DRIVE STE 101 NAPLES, FL 34108 Fort Myers 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na-Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State ... Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete D Change TITLE Addition TITLE Robert Zakheim 3675 Broadway Fort Myers, Florida 33901 MOORE, DAVID NAME NAME STREET ADDRESS 3675 BROADWAY STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition TITLE TITLE Change SUPRENARD, RAY NAME NAME STREET ADDRESS STREET ADDRESS 3675 BROADWAY CITY+ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOESEKE D, WILLIAM NAME 3675 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 lines to the corporation of the corporation or the receiver of 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

OR DIRECTOR

31-08