

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006087

FILED
Feb 18, 2009
Secretary of State

Entity Name: TURTLEMOUND POINTE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE SUITE 1325
WEST PALM BEACH, FL 33401

New Principal Place of Business:

700 VILLAGE SQUARE CROSSING
103
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

505 SOUTH FLAGLER DRIVE SUITE 1325
WEST PALM BEACH, FL 33401

New Mailing Address:

700 VILLAGE SQUARE CROSSING
103
PALM BEACH GARDENS, FL 33410

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE SUITE 1100
WEST PALM BEACH, FL 33401 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: HANNA, PAUL B
Address: 505 SOUTH FLAGLER DRIVE SUITE 1325
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: NAVARRO, FRANK E
Address: 1475 CENTREPARK BLVD SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: SPINA, KEITH
Address: 1401 FORUM WAY SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANNA, PAUL B
Address: 700 VILLAGE SQUARE CROSSING SUITE 103
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

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: PAUL B HANNA

MGR

02/18/2009

Electronic Signature of Signing Officer or Director

Date