

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36515

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TURTLE LAKES UNIT 5 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1518 NORWICK DRIVE  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

1518 NORWICK DRIVE  
LUTZ, FL 33559 US

**New Mailing Address:**

**FEI Number:** 59-3140089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAHAM, ROBERT  
1518 NORWICK DRIVE  
LUTZ, FL 33559 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: D ( ) Delete  
Name: MATTIELLO, AURELIO  
Address: 24119 HAMPTON PLACE  
City-St-Zip: LUTZ, FL 33559

Title: DT ( ) Delete  
Name: MORROW, DORY  
Address: 1440 NORWICK DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: SHAFFER, MARGARET  
Address: 24204 HAMPTON DR  
City-St-Zip: LUTZ, FL 33559

Title: D (X) Delete  
Name: IOSUE, JOANNA  
Address: 24149 HAMPTON PL  
City-St-Zip: LUTZ, FL 33559

Title: P (X) Delete  
Name: GRAHAM, ROBERT  
Address: 1518 NORWICK DRIVE  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GRAHAM, ROBERT  
Address: 1518 NORWICK DRIVE  
City-St-Zip: LUTZ, FL 33559

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

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: ROBERT GRAHAM

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date