

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90018 010 ****61.25

DOCUMENT # N39129

1. Entity Name

**TURTLE CREEK UNITS THREE AND FOUR
ASSOCIATION, INC.**



Principal Place of Business

251 WINDWARD PASS
SUITE F
CLEARWATER FL 33767

Mailing Address

251 WINDWARD PASS
SUITE F
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

400300



1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3061598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, SHERON
251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GEBHART, DAVE
STREET ADDRESS 4773 HAMPTON CT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE PD ☒ Delete
NAME FRAZIER, RUSSELL
STREET ADDRESS 4933 TURTLE CREEK TRAIL
CITY-ST-ZIP OLDSMAR FL 34677

TITLE DVP ☐ Delete
NAME PETRIK, PATRICE
STREET ADDRESS 4797 HAMPTON CT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE DT ☒ Delete
NAME WATERS, CAROLE
STREET ADDRESS 4932 TURTLE CREEK TRAIL
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☒ Delete
NAME KROUT, JIM
STREET ADDRESS 4916 TURTLE CREEK TR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Change ☒ Addition
NAME DES MONDKILLEN
STREET ADDRESS 4900 TURTLE CREEK TRAIL
CITY-ST-ZIP OLDSMAR, FL. 34677

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition
NAME DENISE LIPSEY
STREET ADDRESS 4965 TURTLE CREEK TRAIL
CITY-ST-ZIP OLDSMAR, FL. 34677

TITLE D ☐ Change ☒ Addition
NAME PHILIP GAITAN
STREET ADDRESS 4977 TURTLE CREEK
CITY-ST-ZIP OLDSMAR, FL. 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

Desmond S Killen

3/30/06

Date

727-785-3086

Daytime Phone #