

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90012 029 ****61.25

DOCUMENT # N39129

1. Entity Name
**TURTLE CREEK UNITS THREE AND FOUR
ASSOCIATION, INC.**



Principal Place of Business
**3684 TAMPA RD
SUITE 6
OLDSMAR, FL 34677**

Mailing Address
**3684 TAMPA RD
SUITE 6
OLDSMAR, FL 34677**

40099114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-NP CR2E037 (12/06)

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

**GALBRAITH, CHARLA
C/O HERITAGE PROPERTY MGT
3684 TAMPA RD STE 6
OLDSMAR, FL 34677**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GEBHART, DAVE
4773 HAMPTON CT
OLDSMAR, FL 34677** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KINNEMAN, STAN VP
3684 Tampa Rd, Ste 6
Oldsmar, FL 34677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MONDKILLEN, DES
4900 TURTLE CREEK TRAIL
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KILLEN, DESMOND PD
3684 Tampa Rd, Ste 6
Oldsmar, FL 34677** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PETRIK, PATRICE
4797 HAMPTON CT
OLDSMAR, FL 34677** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATERS, CAROL SD
3684 Tampa Rd, Ste 6
Oldsmar, FL 34677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LIPSEY, DENISE
4965 TURTLE CREEK TRAIL
OLDSMAR, FL 34677** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BITNER, WILLIAM DT
3684 Tampa Rd, Ste 6
Oldsmar, FL 34677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAITAN, PHILIP
4977 TURTLE CREEK
OLDSMAR, FL 34677** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RAMOS, MARGARITA D
3684 Tampa Rd, Ste 6
Oldsmar, FL 34677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 like empowered.

SIGNATURE:

William L. Bitner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 (727) 784-0580
Date Daytime Phone #