SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State
09-08-1999 90009 007 ****61.25

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DOCUMENT # N47380

. Corporation Name
TURTLE CREEK VILLAGE OWNERS ASSOCIATION, INC.

* 613609 - 90009 - 7 *

rincipal Place of Business
P.O. BOX 26177
JACKSONVILLE FL 32226

Mailing Address
P.O. BOX 26177
JACKSONVILLE FL 32226

. Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/14/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 59-3125884 ☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COBB, VINCENT
917 TORTOISE WAY
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name WALTER R BARNES, III
82 Street Address (P.O. Box Number is Not Acceptable) 12914 BEAUTYBERRY CIR S.
83
84 City JACKSONVILLE FL 85 Zip Code 32218

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Walter R Barnes III 9/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	TD	☒ DELETE	1.1 TITLE	TREASURER	☒ Change ☐ Addition
ME	BARNES, WALTER R		1.2 NAME	WALTER R. BARNES, III	
REET ADDRESS	~~11644 CARONDELET LANE~~		1.3 STREET ADDRESS	12914 BEAUTY BERRY CIR S	
TY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
LE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
ME	COBB, VINCENT		2.2 NAME		
REET ADDRESS	917 TORTOISE WAY		2.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL 32218		2.4 CITY-ST-ZIP		
LE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
ME	RICHARDSON, THEODORA		3.2 NAME		
REET ADDRESS	939 TORTOISE WAY		3.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL 32218		3.4. CITY-ST-ZIP		
LE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
ME	JAMES, ORA		4. 2 NAME		
REET ADDRESS	929 CHALMET LANE		4.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL 32218		4.4 CITY-ST-ZIP		
LE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
ME	RICHARDSON, JERRY		5.2 NAME		
REET ADDRESS	909 TORTOISE WAY		5.3 STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL 32218		5.4 CITY-ST-ZIP		
LE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
TY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter R Barnes, III WALTER R. BARNES, III Treasurer 9/4/99 (904) 313-7428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #