2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # N47380** 1. Entity Name TURTLE CREEK VILLAGE OWNERS ASSOCIATION, INC. 02-21-2002 90139 014 ****61.25 Principal Place of Business Mailing Address P.O. BOX 26177 P.O. BOX 26177 JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3125884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARNES, WALTER R III 12914 BEAUTY BERRY CIRCLE SOUTH JACKSONVILLE FL 32246 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. \overline{qq} ÇTLE Delete TITLE Change Addition JŃAME BARNES, WALTER R III Keith WILLIAMS NAME STREET ADDRESS 929 CHALMET LANE STREET ADDRESS 12914 BEAUTY BERRY CIRCLE SOUTH CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32218 JACKSONVILLE FL 32246 TITLE PD Delete Delete TITLE Addition Change RUDOLPH MACK NAME COBB, VINCENT NAME 962 CHALMET LANG STREET ADDRESS 917 TORTOISE WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE TITLE Delete Change Addition Shirley BAXTER NAME RICHARDSON; THEODORA NAME STREET ADDRESS STREET ADDRESS 944 CHALMET LAND 939 TORTOISE WAY CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 JACKSON VILLE, EL. 32218 Delete TITLE ☐ Addition JERRY RICHARDSON WILLIAMS, ORA NAME STREET ADDRESS STREET ADDRESS 919 JORTOISE WAY 929 CHALMET LANE CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 32218 <u>Jacksonville fl 32218</u> VD. TITLE NAME RICHARDSON, JERRY PAMALA B. JONKINS NAME STREET ADDRESS STREET ADDRESS 11620 HARTS RD 909 TORTOISE WAY CITY-ST-715 CITY-ST-ZIP JACKSON VILLE, FL <u>JACKSONVILLE FL 32218</u> TITLE Delete TITLE D NAME NAME FRANK LEN 11636 JACKMAN COVE LANE

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 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 (904)821-455x

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

JACKSONVILLE,

FL

CR2E037 (9/01)