

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

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 004 ****61.25

DOCUMENT # N47380

1. Entity Name

TURTLE CREEK VILLAGE OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 26177
JACKSONVILLE FL 32226

Mailing Address

P.O. BOX 26177
JACKSONVILLE FL 32226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3125884

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

**BARNES, WALTER R III
12914 BEAUTY BERRY CIRCLE SOUTH
JACKSONVILLE FL 32246**

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 resigning)

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 **S** ☐ Delete
NAME **YVETTE, LEN**
STREET ADDRESS **11636 JACKMAN COVE LN.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VD** ☒ Delete
NAME **MACK, RUDOLPH**
STREET ADDRESS **962 CHALMET LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **P** ☐ Delete
NAME **BAXTER, SHIRLEY**
STREET ADDRESS **944 CHALMET LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **T** ☐ Delete
NAME **RICHARDSON, JERRY**
STREET ADDRESS **919 TORTOISE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☒ Delete
NAME **DURHAM, DAVID**
STREET ADDRESS **835 TORTOISE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Delete
NAME **LEN, FRANK**
STREET ADDRESS **11636 JACKMAN COVE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **LEN, YVETTE**
STREET ADDRESS **1136 JACKMAN COVE LN**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **BELL, DALE**
STREET ADDRESS **940 TORTOISE WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

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

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **RICHARDSON, JERRY**
STREET ADDRESS **919 TORTOISE WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

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

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **LEN, FRANK**
STREET ADDRESS **1136 JACKMAN COVE LN**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

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.

Shirley Baxter, President
SIGNATURE: Shirley Baxter, President

03-13-06

(904)281-7456