

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47380

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** TURTLE CREEK VILLAGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 26177  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

12914 BEAUTYBERRY CIR S  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

P.O. BOX 26177  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 59-3125884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: OSBORNE, GWENDOLYN  
Address: 934 CHALMET LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: P ( ) Delete  
Name: BAXTER, SHIRLEY  
Address: 944 CHALMET LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPT ( ) Delete  
Name: RICHARDSON, JERRY  
Address: 919 TORTOISE WY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete  
Name: WILLIAMS, ORA J  
Address: 929 CHALMET LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete  
Name: WHALEY, ANNIE L  
Address: 928 CHALMET LANE  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: OSBORNE, GWENDOLYN  
Address: 934 CHALMET LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S/D (X) Change ( ) Addition  
Name: WHALEY, ANNIE L  
Address: 926 CHALMET LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN OSBORNE

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date