

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90147 021 \*\*\*\*61.25

**DOCUMENT # N47380**

1. Entity Name

**TURTLE CREEK VILLAGE OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 26177  
JACKSONVILLE FL 32226

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

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

*Walter R Barnes III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/10/2003*

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILLIAMS, KEITH<br>929 CHALMET LANE<br>JACKSONVILLE FL 32218   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MACK, RUDOLPH<br>962 CHALMET LANE<br>JACKSONVILLE FL 32218     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BAXTER, SHIRLEY<br>944 CHALMET LANE<br>JACKSONVILLE FL 32218   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RICHARDSON, JERRY<br>919 TORTOISE WAY<br>JACKSONVILLE FL 32218  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JENKINS, PAMALA B<br>11620 HARTS ROAD<br>JACKSONVILLE FL 32218 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEN, FRANK<br>11636 JACKMAN COVE LANE<br>JACKSONVILLE FL 32218  | <input type="checkbox"/> Delete            |

|                                                |                                                                             |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY<br>YVETTE LEN<br>11636 JACKMAN COVE LN.<br>JACKSONVILLE, FL 32218 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>CHERI YOUNG<br>864 TORTOISE WAY<br>JACKSONVILLE, FL 32218       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES.<br>SHIRLEY BAXTER<br>944 CHALMET LANE<br>JACKSONVILLE, FL 32218       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREASURER<br>JERRY RICHARDSON<br>919 TORTOISE WAY<br>JACKSONVILLE, FL 32218 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>PAMALA B JENKINS<br>11620 HARTS RD<br>JACKSONVILLE, FL 32218    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 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: *Shirley A Baxter III Shirley A Baxter III* *Walter R Barnes III* *2/10/2003* (904) *757-4911*

CR2E037 (10/02)