


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N47638 1. Entity Name TURTLE CREEK EAST MARINA ASSOCIATION, INC.	
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Principal Place of Business 10555 SE TERRAPIN PL 204-F TEQUESTA, FL 33469 US	Mailing Address 10555 SE TERRAPIN PL 204-F TEQUESTA, FL 33469 US
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04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0387202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORGAN, GEORGE G 10555 SE TERRADIN PLACE TEQUESTA, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, GEORGE G 10555 SE TERRADIN PL F-204 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMUEL, RAMOS 10555 SE TERRADIN PL F-105 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOBIN, EDWARD F 10555 SE TERRADIN PL 102F TEQUESTA, FL 33469
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07

Date

561-748-5273

Daytime Phone #