2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# N96000006232

Entity Name: TURTLE WALK CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

TURTLEWALK CONDO ASSOCIATES
467 ABALONE CT
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

TURTLEWALK CONDO ASSOCIATES
467 ABALONE CT
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 62-1785431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN,JR., RAYMOND F
348 MIRACLE STRIP PARKWAY S W
SUITE 7
FORT WALTON BEACH, FL 32548 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: PD ( ) Delete
Name: GROGAN, KEN
Address: 5236 LANTON CIRCLE
City-St-Zip: GAINESVILLE,, GA 30504

Title: TD ( ) Delete
Name: BADGETT, CHARLIE
Address: 6019 TWIN COVES
City-St-Zip: DALLAS, TX 75248

Title: D ( ) Delete
Name: WEATHERSBY, FRANK
Address: UNIT 502 467 ABACONA CT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD ( ) Delete
Name: FOWNER, ROBERT
Address: 222 ECHO CIR
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT FOWNER SD 05/27/2009

Electronic Signature of Signing Officer or Director — Date