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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth<u>am</u>

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name N97000001708 (3)

TURKEY CREEK SOCIAL CLUB, INC.

FILED Apr 10 1998 8:00am Secretary of State

407 722-2412

| | | | | | | — | | |
|---|---|-------------|------------------------------|--------------------|----------------------------|---|--|--|
| Principal Place of Business Mailing Address | | | | | | | | i nestingi ars jarki abkit dakit dalik sahit abiti sahit sake katit (68% abis) 1811 1801 |
| 3092 INDIAN RIVER DRIVE N.E. | | | 3092 INDIAN RIVER DRIVE N.E. | | | | | 3. Date Incorporated or Qualified |
| PALM BAY FL 32905 | | | PALM BAY FL 32905 | | | | | 03/24/1997 |
| | | | | | | | | 4. FEI Number Applied For |
| | | | | | | | | Not Applicable |
| | lace of Business | \vdash | 2a. Mailing Address | | | | | 5. Certificate of Status Desired \$8.75 Additional |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | Fee Required |
| 22 | | | 27 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| City & State | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? |
| 23 | | | 28 | | | | | Yes No |
| Zip | Zip Country | | Zip Cour | | | | 8. This corporation owes or has paid the current year intangible | |
| 24 | 9. Name and Address of Curre | | 9 30 | | | Personal Property Tax due June 30. 27 Yes No | | |
| ļ | itered Agent | 61 Name | | | Jame | 10. Name and Address of New Registered Agent | | |
| | | | | | | - | 4dirio | |
| KORP, WILLIAM R ESQ. | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 333 SOUTH TAMIAMI TRAIL SUITE 199 | | | | | | _ | · | |
| VENICE FL 34285 | | | | | B3 | | | |
| TEMBE | FL 54205 | | | | 84 | C | City | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.050 | 02 and 6 | 17.1508, Florida Statu | ites, the | e above |)-n: | amed corp | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered ag | | | TE: Regis | stered Age | nt s | ignature requir | red when reinstating) DATE |
| 12. | OFFICERS AN | ID DIREC | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE * | D | | ☐ DELETE | | .1 TITLE | | | Change Addition |
| NAME | STEVENS, LINDA | _ | | | 2 NAME | | - 1 | |
| STREET ADORESS | 1284 TURKEY CREEK DR N.I | ۵, | | | .3 STREET | | - (| |
| CITY-ST-ZIP TITLE | PALM BAY FL 32905 D DELETE | | | | 1.4 CITY-ST-ZIP | | IP | ☐ Change ☐ Addition |
| NAME | KULL, MARGARET | | | | 2.2 NAME | | | |
| STREET ADDRESS | 1208 TURKEY CREEK DR N.I | F | | _ I - | 3 STREET | ΔſΥ | DRESS | |
| CITY-ST-ZIP PALM BAY FL 32905 | | | | 2. 4 CIT | | | | |
| TITLE | | | | | 3.1 TITLE | | | Change Addition |
| NAME | SISSON, DELMA 32 | | | 3.2 NAME | | | | |
| STREET ADDRESS | EET ADDRESS 3002 INDIAN RIVER DR N.E. | | | 3.3 STREET ADDRESS | | | DRESS | |
| CITY-ST-ZIP | | | | 3 | 3.4. CITY-ST-ZIP | | | |
| TITLE | | | | I.1 TITLE | | | L Change L Addition | |
| NAME | PERKINS, VIRGINIA | | | 4 | I. 2 NAME | | | |
| STREET ADDRESS | 2905 INDIAN RIVER OR N.E. | | | 4 | 1.3 STREET | ADI | DRESS | |
| CITY-ST-ZIP | PALM BAY FL 32905 | | ☐ DELETE | | I.4 CITY-S | T - Z | !IP | |
| TITLE | D DINOVINO EDITU | | T DETEIE | | 5.1 TITLE | | j | Change Addition |
| NAME | Buckius, Edith 1313 Turkey Creek Dr. N. | E | | | i.2 NAME | | 00500 | |
| STREET ADDRESS | PALM BAY FL 32905 | C . | | | 3.3 STREET | | 1 | |
| CITY-ST-ZIP TITLE | D | | DELETE | | 5.4 CITY - S' 5.1 TITLE | 1 - Z | <u> </u> | Change Addition |
| NAME | WHITE, ROSE M | | — | | 2 NAME | | | The second of th |
| STREET ADDRESS | 3104 INDIAN RIVER DR. N.E. | | | | 3.3 STREET | ADC | DRESS | |
| CITY-ST-ZIP | PALM BAY FL 32905 | | | | 6.4 CITY-S | | | |
| 14. I hereby (| certify that the information supplied v | vith this f | iting does not qualify f | for the | exemp | tior | n stated in | Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| Indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | | |