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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001708

1. Corporation Name

TURKEY CREEK SOCIAL CLUB, INC.

Principal Place of Business  
3092 INDIAN RIVER DRIVE N.E.  
PALM BAY FL 32905

Mailing Address  
3092 INDIAN RIVER DRIVE N.E.  
PALM BAY FL 32905



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
03/24/1997

4. FEI Number  
APPLIED FOR 59-3502411

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KORP, WILLIAM R ESQ.  
333 SOUTH TAMiami TRAIL  
SUITE 199  
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME STEVENS, LINDA  
STREET ADDRESS 1284 TURKEY CREEK DR N.E.  
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE  
NAME KULL, MARGARET  
STREET ADDRESS 1208 TURKEY CREEK DR N.E.  
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE  
NAME SISSON, DELMA  
STREET ADDRESS 3002 INDIAN RIVER DR N.E.  
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☒ DELETE  
NAME PERKINS, VIRGINIA  
STREET ADDRESS 2905 INDIAN RIVER DR N.E.  
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☒ DELETE  
NAME BUCKIUS, EDITH  
STREET ADDRESS 1313 TURKEY CREEK DR. N.E.  
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ DELETE  
NAME WHITE, ROSE M  
STREET ADDRESS 3104 INDIAN RIVER DR. N.E.  
CITY-ST-ZIP PALM BAY FL 32905

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Sheryl Heuer  
1.3 STREET ADDRESS 1431 Turkey Creek Dr. NE  
1.4 CITY-ST-ZIP PALM BAY FL 32905

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME LAURA MORE  
4.3 STREET ADDRESS 3018 Indian River Dr. NE  
4.4 CITY-ST-ZIP PALM BAY FL 32905

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Kay Johnson  
5.3 STREET ADDRESS 2960 Indian River Dr. NE  
5.4 CITY-ST-ZIP PALM BAY FL 32905

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Dorothy Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

7/9/99 (407) 953-2378  
Date Daytime Phone #

CR2E037 (1/98)