


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P00000109735</b> 1. Entity Name TURTLEGRASS CHARTERS, INC.	
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Principal Place of Business 7700 E. COUNTRY CLUB BLVD BOCA RATON, FL 33487	Mailing Address 7700 E. COUNTRY CLUB BLVD BOCA RATON, FL 33487
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**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1066009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LEMAIRE, MICHAEL R  
1901 W CYPRESS CREEK RD STE 415  
FT LAUDERDALE, FL 33309

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000697733 04/10/07 80852-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADDLER, DAVID E 7700 E. COUNTRY CLUB BLVD. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SADDLER, ELIZABETH 7700 E. COUNTRY CLUB BLVD. BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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:** David E. Saddle **4-2-07** **56-241-4848**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #