FILED

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90061 021 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001922

Corporation Name

TARTARUGA CREEK MANAGEMENT GROUP, INC.

Principal Place	of Business	_	Mailing Address							••••••••			
RT. 2. BOX 121C GREENVILLE FL 32331 US		RT. 2, BOX 121C GREENVILLE FL 32331 US					W TON O	RITE IN TH	NS SPACE	Ē			
US					-	-	1	Incorporated	d or Qualife	ed		•	
Principa Place of Business 21			2a. Mailing Address				4. FEI Number 59-3150707				$+\dot{-}$	lied For Applicable	
Suite, Apt. 1	#, etc.		Suite, Apt. #, etc.	-			5. Cert	ifcate of State	us Desired			75 Ai ee Rec	tditional uired
City & State	9		City & State				ı	tion Campaig		g 🗆		. 00 N	lay Be Fees
Zip	Counti	ĵy	Zip	Count	try			ccrporation o		urrent year	Intangible		∃No
24	9. Name and Addre	ess of Current	4 ــــــــــــــــــــــــــــــــــــ	LE. T			10. Nan	ne and Addre	ess of Nev	v Register	ed Agent		
				8	31 N	ame							
	OLD, FRANCESCA 2, BOX 121-C			8	32 S	reet Ac d	ress (P.O. E	Box Number is	s Not Acce	ptable)			
	ENVILLE FL 32331			8	33		<u></u> .						
					34 C	•					EL 85	Zip C	
11. Pursuant t	to the provisions of Sec	tions 607.0502	and 607.1508, Florida Statute Florida, Such change was at	utnorizea t	ove-na	med corp corporati	ooration sub ion's board o	mits this state of cirectors. I	ement for t hereby ac	ne purpose cept the ap	e of changi pointment	ng its r as reg	stered
agent. ar	m familiar with, and acc	ept the obligati	ons of, Section 607.0505, Flor	rida Statuti	es.								
agent. ar	m familiar with, and acc	ept the obligation	ons of, Section 607.0505, Flor	rida Statuti	es.		ed when reinstat			DATE			
agent. ar	m familiar with, and acc	ept the obligation	ons of, Section 607.0505, Flor and title if applicable. (NOTI:	rida Statuti	es.		ed when reinstat			DATE	AND DIRI	ECTOR	S IN 12
agent. ar	Signature, typed or printed name	e of registered agent	ons of, Section 607.0505, Flor	rida Statuti : Registered A	es. gent sigr		ed when reinstat	ing)		DATE		ECTOR	
agent. ar SIGNATURE 12.	Signature, typed or printed name P ARNOLD, FRANCE	e of registered agent	ons of, Section 607.0505, Flor and title if applicable. (NOTI:	: Registered A 13. 1.1 TITLE 1.2 NAM	es. gent sign E	sature require	ed when reinstat	ing)		DATE	AND DIRI	ECTOR	S IN 12
agent. ar SIGNATURE 12. TITLE	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTI:	: Registered A 13. 1.1 TITLE 1.2 NAM	es. gent sign	sature require	ed when reinstat	ing)		DATE	AND DIRI	ECTOR	S IN 12
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE 'S CITY-ST-ZIP	Signature, typed or printed name P ARNOLD, FRANCE	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTI: DIRECTORS	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY	es. gent sign E E EET ADD	RESS	ed when reinstat	ing)		DATE	∧ND DIRI	ECTOF ange	S IN 12
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTI:	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE	es. gent sign E E EET ADD	RESS	ed when reinstat	ing)		DATE	AND DIRI	ECTOF ange	S IN 12
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTI: DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM	es. gent sign E EET ADD '-ST-ZIP E	RESS	ed when reinstat	ing)		DATE	∧ND DIRI	ECTOF ange	S IN 12
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTI: DIRECTORS	Registered A: 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI	es. gent sign E EET ADD -ST-ZIP E EET ADD	RESS	ed when reinstat	ing)		DATE	∧ND DIRI	ECTOF ange	S IN 12
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori	Registered Ai 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 2.4 CITY	es. gent sign E E EET ADD '-ST-ZIP E IE EET ADD Y-ST-ZII	RESS	ed when reinstat	ing)		DATE	∧ND DIRI	ECTOF ange	S IN 12
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTI: DIRECTORS	Registered A: 13. 1.1 TITLL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLL	es. gent sign E EET ADD '-ST-ZIP E IE EET ADC Y-ST-ZII E	RESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOF ange	S IN 12 Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE IS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori	Registered A: 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 31 TITLI 32 NAM	es. gent sign E EET ADD '- ST- ZIP E EET ADD Y- ST- ZIP E EET ADD	RESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOF ange	S IN 12 Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS STREET ADDRE SS STREET ADDRE SS	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori	Registered Ai 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 31 TITL 32 NAM 3.3 STRI 3.3 STRI 3.3 STRI	es. gent sign E E E E E E E E T S T T T E E E E E E E E E E	RESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOF ange	S IN 12 Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRE SS CITY-ST-ZIP	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, Flori	Registered Ai 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 31 TITL 32 NAM 3.3 STRI 3.3 STRI 3.3 STRI	es. gent sign E E E E E E E E E E E E E	RESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOR ange ange	S IN 12 Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTIE DIRECTORS DELETE DELETE	Registered Ai 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 31 TITLI 32 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.5 TITLI 3.7 NAM 3.7 STRI 3.4 CITY 3.7 TITLI 3.7 NAM 3.7 STRI 3.4 CITY 3.7 TITLI 3.7 NAM 3.7 STRI 3.4 CITY 3.7 TITLI 3.7 NAM 3.7 STRI 3.4 CITY	es. gent sign E E E E E E E E E E E E E	RESS	ed when reinstat	ing)		DATE	/WD DIR	ECTOR ange ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE STREET A	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTIE DIRECTORS DELETE DELETE	Registered A: 13. 1.1 TITL: 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITL: 2.2 NAM 2.3 STR: 2.4 CITT 3.1 TITL: 3.2 NAM 3.3 STR: 3.4 CITT 4.1 TITL: 4.2 NAM	gent sign E E E E E E E E E E E E E	RESS	ed when reinstat	ing)		DATE	/WD DIR	ECTOR ange ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS STREET ADDRE SS	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTIE DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 STR	es. gent sign E E E E E E E E E E E E E	RESS PRESS	ed when reinstat	ing)		DATE	/WD DIR	ECTOR ange ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTIE DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 STR	es. gent sign E E E E E E E E E E E E E	RESS PRESS	ed when reinstat	ing)		DATE	/WD DIR	ECTOR ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTI: DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY	es. gent sign E E E E E E E E E E E E E	RESS PRESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOR ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTI: DIRECTORS DELETE DELETE DELETE	Registered A: 13. 1.1 TITL: 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITL: 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITL: 3.2 NAM 3.3 STR: 3.4. CITY 4.1 TITL: 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITL: 5.	es. gent sign gent sign E E E E E E E E E E E E E	RESS PRESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOR ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTI: DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4 2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5. STRI 5. STRI 5. STRI 5. S	es. gent sign gent sign E E E E E E E E E E E E E	RESS PRESS PRESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOR ange ange	S IN 12 Addition Addition
agent. ar SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name P ARNOLD, FRANCE RT 1, BOX 121-C	e of registered agent OFFICERS AND	ons of, Section 607.0505, First and title if applicable. (NOTI: DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4 2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5. STRI 5. STRI 5. STRI 5. S	es. gent sign gent sign E EET ADC F E EET ADC E EET ADC E EET ADC E EET ADC F E EET ADC F E EET ADC F S T - ZIF	RESS PRESS PRESS	ed when reinstat	ing)		DATE	, (ND DIRI	ECTOF ange	S IN 12 Addition Addition

14. Thereby 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 fam 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 12 or Block 13 if changed, or on an attachment with an address, with a lighter like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ING OFFICER OR DIRECTOR