

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2008
Secretary of State**

DOCUMENT# N01000001453

Entity Name: TURNAROUND MANAGEMENT ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

C/O BANKERS ADVOCATE GROUP
2807 EAST COMMUNITY DRIVE
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

C/O BANKERS ADVOCATE GROUP
PO BOX 9228
JUPITER, FL 33468 US

New Mailing Address:

FEI Number: 65-1089785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: TD () Delete
Name: CURTIN, CHRISTOPHER A
Address: PO BOX
City-St-Zip: JUPITER, FL 33468

Title: SD () Delete
Name: LOUV, ARTHUR
Address: PO BOX 9228
City-St-Zip: JUPITER, FL 33468

Title: VPD () Delete
Name: SIEGEL, LUNELLE
Address: PO BOX 9228
City-St-Zip: JUPITER, FL 33468

Title: PD () Delete
Name: BOEKE, NOEL
Address: PO BOX 9228
City-St-Zip: JUPITER, FL 33468

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: CHRIS CURTIN

TD

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date