

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90174 015 \*\*\*\*61.25

0010702

**DOCUMENT # N02000002865**

1. Entity Name  
**TURKEY RIDGE OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**8828 SW 44TH LANE**      **8828 SW 44TH LANE**  
**GAINESVILLE FL 32608**      **GAINESVILLE FL 32608**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **46-0498305**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARIS, ROGER JR.**  
**8828 SW 44TH LANE**  
**GAINESVILLE FL 32608**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>PSTD</b>                 | <input type="checkbox"/> Delete            |
| NAME           | <b>MARIS, ROGER JR.</b>     |  |
| STREET ADDRESS | <b>8828 SW 44TH LANE</b>    |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32608</b> |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>MARIS, DANIS</b>         |  |
| STREET ADDRESS | <b>8822 SW 44TH LANE</b>    |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32608</b> |  |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MARIS, PATRICIA</b>      |  |
| STREET ADDRESS | <b>4060 NE 49TH AVENUE</b>  |  |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32609</b> |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARIS, RICH</b>           |  |
| STREET ADDRESS | <b>1621 SW 112TH STREET</b>  |  |
| CITY-ST-ZIP    | <b>GAINESVILLE, FL 32607</b> |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

12. 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 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 617, 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: *Danis Maris* **Danis Maris**      4-28-03      (352) 336-1883

CR2E037 (10/02)