2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90365 049 ****61.25

Principal Place of Business September Place	DOCUMENT # N9700000471 1. Entity Name TURNBERRY ISLE AT ABERDEEN ASSOCIATION, INC.				006 90365 049 ****61	.25	
BOCK ARTON, FE-33487 US	951-BROKEN-SOUND PKWY 951 BROKEN SOUND PKWY		Υ	dantonia			
Suite Act Suit Act							
SULT 128 SULT 128 SULT 128 SULT 128 COUNTY A FIRM Part 65-0762119 Superior of Sulting OStatus Desired Sa. 75 Apriliant For Applicable	2. Principal Place of Business 3. Mailing Address 1700 CONGES ARM 1700 CONGES		55 Avenue				
SCA AGUN Security	Sutc 1128 Suite 1128			Oligiti		- <u></u>	
S. Cerrices of Siture Desired Fee Required Fee	Boca Katon PL	Boca Rator) FL		No	Applicable	
COMMON BATTON SERVICES AMONGA Not an appeal of the purpose of changing its registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida am farmiliar with, and accept the obligation A	33481 15/4	2°33489	USA_		Fee Required		
SIGNATURE Succession Superindicities Supe	100 100 100 100 100 100 100 100 100 100						
B. The above named entity submits this stylement for the purpose of changing its registered agent, or both, in the State of Riorida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE City Baca Ratton FL Zip September 19	1-951-BROKEN-SOUND-PKWY 250 Steept-Approximately St						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of digistered agent. Alw Levin	41100						
SIGNATURE SIGNATURE SIGNATURE FILING Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME SIREET ADDRESS GIY-S1-2P Delete ITILE NAME GREENFIELD, PHYLLIS GREENFIELD, PH	5548 J Jack Raily						
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33437 ITILE NAME SIREET ADDRESS CITY-ST-2P CONSUMNE AND STATEMANY LAKES DR. SIREET ADDRESS CITY-ST-2P CONSUMNE AND STATEMANY LAKES SIREET ADDRESS CITY-ST-2P CONSUMNE SIREET ADDRESS C		Λ ι \			 61	and accept	
Trust Fund Contribution. Added to Fees Florida Department of State							
TITLE NAME LAWSKY, STEVE STREET ADDRESS CITY-ST-2PP STREET ADDRESS CITY-ST-2PP STREET ADDRESS CITY-ST-2PP TITLE NAME				\$5,00 May Be Added to Fees			
NAME SIREET ADDRESS CITY-ST-ZIP DEBETE SIREET ADDRESS CITY-ST-ZIP STREET AD				ADDITIONS/CHANGES TO OF			
TITLE NAME GREENFIELD, PHYLLIS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DOJ FAITURY LAKES DAVE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DOJ FAITURY LAKES DAVE CITY-ST-ZIP DOJ FAITURY LAKES DAVE CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME LAWSKY, STEVE	L1 Delete	NAME RICH	ard Fernandez	Ghange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME NAME NAME NAME NAME NAME NAME NAM			CITY-ST-ZIP BOU	t fairway lakes	DS L33435		
STREET ADDRESS GITY-ST-ZIP BOYNTON BEACH, FL 33437 Delete	· ···	Delete	4143 FF	, 5	☐ Change	(I) Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS	g Fairway Lake	S D 33435	_	
STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME NAME NAME Delete TITLE NAME NAME NAME NAME NAME NAME NAME NA		☐ Delete	TITLE D'))	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP Delete TILE D	 		STREET ADDRESS 1646	2 Fairway Lakes	231126		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE MAKE MAYTIN WEISSMAN STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE MAYTIN WEISSMAN STREET ADDRESS CITY-ST-ZIP Delete TITLE MAKE MAYTIN WEISSMAN CHANGE Delete TITLE Delete TITLE MAKE MUYTRAY Ziegler	;	☐ Delete	· · · · · ·	hard withersein	☐ Change	[7] Addition	
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	1	STREET ADDRESS 100		~ · ·		
STREET ADDRESS CITY-ST-ZIP COLORS CITY-ST-ZIP BOYNTON BEACH, F. 33(35) TITLE Delete TITLE DAYNTON BEACH, F. 33(35) NAME NAVIEW ZIEGLEY	INLE	☐ Delete	IIITE D	nion beach, FI		. ☐ Addition	
CITY-ST-ZIP BOYNTON BEACH, F2 33(35) TITLE Delete TITLE D Change Oddition NAME NUMBER VILLENTE CHANGE	STREET ADDRESS		1 11		15 DC		
NAME MUrray Ziegler		☐ Delete		Inton Beach,	2 33/35	Landition	
STREET ADDRESS AGG THE ADDRESS	1	2.2	וטוטו	ray Ziegler	2		
CITY-SI-ZIP Bounton Blach Ft 33435	<u></u>	No Constant	CITY-ST-ZIP 30	inton Beach	Fi 33/35		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained. Chapter 119, Florida Statufes. 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 repetiver 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: ALCOHOLOGIA SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR ORDER OF DIRECTOR ORDER							