

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004011

1. Entity Name

TURNBERRY POINTE AT EASTWOOD HOMEOWNERS ASSOCIAT

Principal Place of Business

444 W NEW ENGLAND AVW  
STE B  
WINTER PARK FL 32789

Mailing Address

444 W NEW ENGLAND AVW  
STE B  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3359976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOM, THOMAS D  
444 W NEW ENGLAND AVE  
STE B  
WINTER PARK FL 32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BENGE, TONY M JR  
STREET ADDRESS 316 E. PINE STREET  
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE VD  
NAME WARLICK, THOMAS  
STREET ADDRESS 316 EAST PINE STREET  
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE STD  
NAME MCCUMBER, DAVID  
STREET ADDRESS 316 EAST PINE STREET  
CITY-ST-ZIP ORLANDO FL ☒ Delete

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 PD  
NAME Llewellyn Bradley  
STREET ADDRESS 13344 Lake Turnberry Circle  
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Change ☒ Addition

TITLE VP D  
NAME Ronald Johnson  
STREET ADDRESS 13352 Lake Turnberry Circle  
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Change ☒ Addition

TITLE STD  
NAME Carrie Moudy  
STREET ADDRESS 13353 Lake Turnberry Circle  
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Llewellyn Bradley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90089 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)