2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N95000004011

Entity Name: TURNBERRY POINTE AT EASTWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3359976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALCOM, THOMAS D
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DAVIS, MARC P
882 JACKSON AVE.
WINTER PARK, FL 32789 US

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: MARC P DAVIS 04/25/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: HORNING, JEAN
Address: 13376 LAKE TURNBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: PD ( ) Delete
Name: MOUDY, DAYNA
Address: 13353 LAKE TURNBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: VD ( ) Delete
Name: CORCORAN, BOB
Address: 13364 LAKE TURNBERY CIR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: HORNING, DEAN
Address: 13376 LAKE TURNBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32828

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 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 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: DAYNA MOUDY PD 04/25/2005
Electronic Signature of Signing Officer or Director Date