

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90229 040 \*\*\*\*61.25

DOCUMENT # N05000006023

1. Entity Name  
TURNING LEAF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
821 NE 36TH TERR #6  
OCALA, FL 34470

Mailing Address  
821 NE 36TH TERR #6  
OCALA, FL 34470

2. Principal Place of Business - No P.O. Box #  
**6341 SE 80 Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 830572**  
Suite, Apt. #, etc.

40007100



04102007 Chg-NP CR2E037 (12/06)

City & State  
**Ocala, FL 34472**

City & State  
**Ocala, FL 34483-0572**

4. FEI Number  
**20-3063086**

Applied For  
☐ Not Applicable

Zip Country  
**Marion**

Zip Country  
**Marion**

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

6. Name and Address of Current Registered Agent

DANIELS, WARREN E SR  
821 NE 36TH TERR #6  
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name **Briganand Gangapersaud**  
Street Address (P.O. Box Number is Not Acceptable)  
**6341 S. E. 80 Court**  
**Ocala, FL 34472**  
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 *Briganand Gangapersaud* **BRIGANAND GANGAPERSAUD (Treasurer)** **04-25-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	President Elmo Torres 6297 SE 80 CT Ocala FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Barry Gangapersaud 6341 S. E. 80th Court Ocala, FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kelly A. Thompson 8107 SE 62nd Loop Ocala FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Didyanauth PERSAUD 6277 SE 80th CT Ocala FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Briganand Gangapersaud 6341 SE 80th Court Ocala FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *E. Torres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-07**  
Date

Daytime Phone #