

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006023

FILED  
Aug 30, 2011  
Secretary of State

**Entity Name:** TURNING LEAF HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6341 SE 80 CT  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 830572  
OCALA, FL 34483

**New Mailing Address:**

**FEI Number:** 20-3063086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANGAPERSAUD, BRIGANAND  
6341 SE 80 CT  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FROST, MICHAEL G  
Address: 6137 SE 80TH COURT  
City-St-Zip: Ocala, FL 34472

Title: T  
Name: GANGAPERSAUD, BRIGANAND  
Address: 6341 SE 80TH CT  
City-St-Zip: Ocala, FL 34472

Title: P  
Name: GONZALEZ, JOSE M  
Address: 8002 SE 62ND LOOP  
City-St-Zip: Ocala, FL 34472

Title: S  
Name: FROST, KIMBERLY A  
Address: 6137 SE 80TH COURT  
City-St-Zip: Ocala, FL 34472

Title: D  
Name: DAVIDSON, KAREN G  
Address: 8066 SE 62ND LOOP  
City-St-Zip: Ocala, FL 34472

Title: D  
Name: CLEMONS, ALLEN L  
Address: 8036 SE 62ND LANE  
City-St-Zip: Ocala, FL 34472

I hereby 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 all other like empowered.

SIGNATURE: ALLEN CLEMONS

MR.

08/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date