

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006023

**Entity Name:** TURNING LEAF HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6341 SE 80 CT  
OCALA, FL 34472**Current Mailing Address:**PO BOX 830572  
OCALA, FL 34483**FEI Number: 20-3063086****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GANGAPERSAUD, BRIGANAND  
6341 SE 80 CT  
OCALA, FL 34472 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

Title VP  
Name GANGAPERSAUD, GEETAWALLI  
Address 6341 SE 80TH COURT  
City-State-Zip: Ocala FL 34472

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

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

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

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

Title D  
Name CLEMONS, ALLEN L  
Address 8036 SE 62ND LANE  
City-State-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: BRIGANAND GANGAPERSAUD****TREASURER****04/04/2013**

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Electronic Signature of Signing Officer/Director Detail

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Date