

2016 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	DIRECTOR
Name	SAIGO, WINSTON
Address	8010 SE 62ND LOOP
City-State-Zip:	OCALA FL 34472

Title	PRESIDENT
Name	GRANT, MELISSA
Address	8090 SE 62ND LOOP
City-State-Zip:	OCALA FL 34472

Title	SECRETARY
Name	TANSYUK, JACQUELINE
Address	806 SE 62ND LOOP
City-State-Zip:	OCALA FL 34472

Title	PRESIDENT
Name	GRANT, MELISSA DA
Address	8090 SE 62ND LOOP
City-State-Zip:	OCALA FL 34472

Title	DIRECTOR
Name	LINDSAY, DEANA
Address	8009SE 62ND LANE
City-State-Zip:	OCALA FL 34472

Title	VP
Name	TANSYUK, JACQUELINE
Address	8066 SE 62ND LOOP
City-State-Zip:	OCALA FL 34472

Title	DIRECTOR
Name	AMBROSE, LARRY
Address	8106 SE 62 ND LOOP
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**TREASURE****08/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date