

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 PRESIDENT
Name WOODSON, RODNEY
Address 8019SE 62ND LANE
City-State-Zip: OCALA FL 34472

Title DIRECTOR
Name SAIGO, WINSTON
Address 8010 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 GRANT, MELISSA DA
Address 8090 SE 62ND LOOP
City-State-Zip: OCALA FL 34472

Title SECRETARY
Name ACIERNO, ANNA
Address 6097 SE 80CT
City-State-Zip: OCALA FL 34472

Title DIRECTOR
Name WHETTER, SCOTT
Address 6100 SE80 COURT
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

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date