

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000006023

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

**Current Principal Place of Business:**

6154 SE 80TH CT  
OCALA, FL 34472

**Current Mailing Address:**

PO BOX 831474  
OCALA, FL 34483 US

**FEI Number: 20-3063086**

**Certificate of Status Desired: No**

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

HOMEOWNERS ASSOCIATION, TURNING LEAF  
6154 SE 80TH 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:** TURNING LEAF HOMEOWNERS ASSOCIATION

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ADAMES, LORRAINE  
Address PO BOX 831474  
City-State-Zip: OCALA FL 34472

Title DIRECTOR  
Name RHEM, KATHY  
Address PO BOX 831474  
City-State-Zip: OCALA FL 34483

Title VP  
Name BRIGHAM, CARLENE  
Address PO BOX 831474  
City-State-Zip: OCALA FL 34483

Title DIRECTOR  
Name NEWTON, TRACEY  
Address PO BOX 831474  
City-State-Zip: OCALA FL 34483

*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:** LORRAINE ADAMES

**SECRETARY**

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date