2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTA	TEMENT

DOCUMENT# N0500006023

Entity Name: TURNING LEAF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6136 SE 80TH CT OCALA, FL 34472

Current Mailing Address:

PO BOX 831474 OCALA, FL 34483 US

FEI Number: 20-3063086

Name and Address of Current Registered Agent:

GRANT, MELESIA 8090 SE 62ND LOOP OCALA, FL 34472 US Certificate of Status Desired: No

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	: MELESIA GRANT			02/12/2021
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	EIDSON, DEIDRE	Name	EIDSON, DEIDRE	
Address	6136 SE 80TH CT	Address	6136 SE 80TH CT	
City-State-Zip:	OCALA FL 34472	City-State-Zip:	OCALA FL 34472	
Title	SECRETARY	Title	DIRECTOR	
Name	ADAMES, LORAINE	Name	SAIGO, WINSTON	
Address	8091 SE 62ND LOOP	Address	PO BOX 831474	
City-State-Zip:	OCALA FL 34472	City-State-Zip:	OCALA FL 34483	
Title	DIRECTOR	Title	DIRECTOR	
Name	RHEM, KATHY	Name	HARRIS, PELAR	
Address	PO BOX 831474	Address	PO BOX 831474	
City-State-Zip:	OCALA FL 34483	City-State-Zip:	OCALA FL 34483	
Title	VP	Title	DIRECTOR	
Name	BRIGHAM, CARLENE	Name	JACKSON, AFIYA	
Address	PO BOX 831474	Address	PO BOX 831474	
City-State-Zip:	OCALA FL 34483	City-State-Zip:	OCALA FL 34483	

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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: EIDSON, DEIDRE

PRESIDENT

02/12/2021

Electronic Signature of Signing Officer/Director Detail

FILED Feb 12, 2021 Secretary of State 5563272371CR

I, DEIDRE

Officer/Director Detail Continued :

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