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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

748227

(6)

DOCUMENT # TURKEY ROOST FARMS HOMEOWNERS ASSOCIATION, INC.

		NERS ASSOCIATION						
ncipal Place of	Business	Mailing Address						
061 TUNG GR		11061 TUNG GROVE RD						
allahassee f		TALLAHASSEE FL 32311 US	İ		Date Incorporated or Qualified	3a. C	Date of Last Re	
)S		- -			07/27/1979		06/05/199	
_,	(D. da-	2a. Mailing Address			4. FEI Number		Ap	plied For
Principal Place	e of Business	26 Mailing Address			59-2410592			t Applicable
Suite, Apt. #, (etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
Julie, Apr. #, I	010.	27					Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00 Added t	
		28	1 8		Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip	Countr	У	Florida Statutes	Yes L	L] No	
	9. Name and Address of Current	29 Registered Agent	30	.	10. Name and Address of New	/ Registere	d Agent	
	9. Name and Address of Current	Lealister or Marie	8	1 Name				
			8	Street Ac	ddress (P.O. Box Number is Not Accept	table)		
	S, JEAN M		8	Street At	daloga (r. 16) Estitution			
	NG GROVE ROAD		6	3				
TALLAHAS	SSEE FL 32311		-	4 City			85 Zip	Code
					poration submits this statement for the loard of directors. I hereby accept the a	F		taka
	ionature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered A		a lind when reinstaling)	DATE		RS IN 12
GNATUREs	ignature, typed or printed name of registered agent OFFICERS AND	and little if applicable. (NCD) DIRECTORS	OTE: Registered A	gent signature rec		DATE		RS IN 12
GNATURE	ignature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NC	13.	gent signature rec	a lind when reinstaling)	DATE	ND DIRECTOR	Addition
GNATURE s. 2. TILE	ignature, typed or printed name of registered agent OFFICERS AND DP FITZGERALD, TOM	and little if applicable. (NCD) DIRECTORS	13. 1.1 TITL 1.2 NAM	gent signature rec E ME	a lind when reinstaling)	DATE	ND DIRECTOR	RS IN 12
GNATURE S. 2. TILE AME TREET ADDRESS	ignature, typed or printed name of registered agent OFFICERS AND DP FITZGERALD, TOM 11121 PENNEWAW TRACE	and little if applicable. (NCD) DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	gent signature rec E AE EET ADDRESS	a lind when reinstaling)	DATE	AND DIRECTOR Change	Addition
IGNATURE S. TILE AME ITREET ADDRESS ITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND PITZGERALD, TOM 11121 PENNEWAW TRACE TALLAHASSEE FL	and little if applicable. (NCD) DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	gent signature rec E AE EET ADDRESS Y-ST-ZIP	a lind when reinstaling)	DATE	ND DIRECTOR	RS IN 12 Addition
IGNATURE 2. TILE AME TREET ADDRESS ITY-ST-ZIP ITLE	OFFICERS AND OFFICERS AND DP FITZGERALD, TOM 11121 PENNEWAW TRACE TALLAHASSEE FL DVP	and tide if applicable. (NA DIDIRECTORS	13. 1.1 T/TL 1.2 NAM 1.3 STR 1.4 C/T	gent signature rec E AE EET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO COMMENT OF THE PROPERTY O	DATE	Change	Addition
GNATURE 2. TILE AME IREE1 ADDRESS TY-ST-ZIP TILE AME	OFFICERS AND OFFICERS AND DP FITZGERALD, TOM 11121 PENNEWAW TRACE TALLAHASSEE FL DVP WOLANSKI, WALTER	and tide if applicable. (NA DIDIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	gent signature rec E AE EET ADDRESS Y-ST-ZIP LE	APPLIAND, GARY	OFFICERS A	Change	Addition
GNATURE s. LE ME REET ADDRESS TYY-ST-ZIP TLE MME REET ADDRESS REET ADDRESS	OFFICERS AND OFFICERS AND PRITZGERALD, TOM 11121 PENNEWAW TRACE TALLAHASSEE FL DVP WOLANSKI, WALTER 11199 E PONY TRAL	and lite if applicable. (NA D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 2.4 CIT 2.5 CIT	gent signature rec E AE EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO COMMENT OF THE PROPERTY O	OFFICERS A	Change Change	Addition
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SIGNATURE:

JEAN M. SCRUGGS NINO OFFICER OR DIRECTOR

4/14/96

(904) 656-2266