

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90042 016 ****61.25

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DOCUMENT # 748227

1. Corporation Name

TURKEY ROOST FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

11061 TUNG GROVE RD
TALLAHASSEE FL 32311
US

Mailing Address

11061 TUNG GROVE RD
TALLAHASSEE FL 32311
US



2. Principal Place of Business

2a. Mailing Address

21 1520 BIG SKY WAY

26 1520 BIG SKY WAY

3. Date Incorporated or Qualified

07/27/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2410592

Applied For

Not Applicable

City & State

City & State

23 TALLAHASSEE FL

28 TALLAHASSEE FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

24 32311 25

29 32311 30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCRUGGS, JEAN M
11061 TUNG GROVE ROAD
TALLAHASSEE FL 32311

81 Name

MATT MATHEWS

82 Street Address (P.O. Box Number is Not Acceptable)

1520 BIG SKY WAY

83

84 City

TALLAHASSEE

FL

85 Zip Code

32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Matt Mathews
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, TOM	
STREET ADDRESS	11121 PENNEWAW TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, GARY	
STREET ADDRESS	11192 TUNG GROVE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SCRUGGS, JEAN M	
STREET ADDRESS	11061 TUNG GROVE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WOLANSKI, STEPHANIE	
STREET ADDRESS	11199 W. PONY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HAGGERTY, ANN	
STREET ADDRESS	11145 PENNEWAW TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Matt Mathews	
1.3 STREET ADDRESS	1520 Big Sky Way	
1.4 CITY-ST-ZIP	Tallahassee, FL 32311	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Adams	
2.3 STREET ADDRESS	1519 Big Sky Way	
2.4 CITY-ST-ZIP	Tallahassee FL 32311	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Buchanan, Deryl J	
3.3 STREET ADDRESS	1530 McLawrence Way	
3.4 CITY-ST-ZIP	Tallahassee, FL 32311	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen Swanson	
4.3 STREET ADDRESS	11128 Pennewaw Tr	
4.4 CITY-ST-ZIP	Tallahassee, FL 32311	
5.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JENNIFER TYLER	
5.3 STREET ADDRESS	11110 PENNEWAW TRACE	
5.4 CITY-ST-ZIP	TALL FL. 32311	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99

Date

Daytime Phone #

850 681 9303

CR2E037 (11/98)