FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 748227 1. Entity Name TURKEY ROOST FARMS HOMEOWNERS ASSOCIATION, INC. 04-27-2001 90257 033 ****61.25 Principal Place of Business Mailing Address 1520 BIG-SKY WAY 1520 BIG-SKY WAY TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 00042218 2. Principal Place of Business 3. Mailing Address Pennewsw Same Trace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2410592 Tallahassee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Leon 32311 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Fennifer Street Address (P.O. Box Number is Not Acceptable) MATHEWS, MATT 1520 BIG SKY WAY TALLAHASSEE FL 32311 Zip Code 3337 Tallahassee 8. 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F X Delete TERr. Jennifer 🔀 Change Addition MATHEWS, MATT NAME NAME 1/10 Bennewaw Trace STREET ADDRESS 1520 BIG SKY WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ADAMS, BARBARA NAME STREET ADDRESS 1519 BIG SKY WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITS E ☐ Delete TITLE Change Addition BUCHANAN, DERYL J NAME STREET ADDRESS 1530 MCLAWRENCE WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP DS TITLE ☐ Delete ☐ Change Addition SWANSON, KATHLEEN NAME NAME STREET ADORESS 11128 PENNEWAW TR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP DVP TITLE Delete Addition TYLER, JENNIFER NAME NAME STREET ADDRESS 11110 PENNEWAY TR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

J CHIN: FER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR