


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90040 042 ****61.25

DOCUMENT # 748227	
1. Entity Name TURKEY ROOST FARMS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 11110 PENNEWAW TRACE TALLAHASSEE, FL 32311 US	Mailing Address 11110 PENNEWAW TRACE TALLAHASSEE, FL 32311 US
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54019659

2. Principal Place of Business 1530 McLawrence Way Suite, Apt. #, etc.	3. Mailing Address 1530 McLawrence Way Suite, Apt. #, etc.
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02192004 Chg-NP CR2E037 (10/03)

City & State Tallahassee FL	City & State Tallahassee, FL	4. FEI Number 59-2410592	Applied For <input type="checkbox"/> Not Applicable
Zip 32317	Country	Zip 32317	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TYLER, JENNIFER 11110 PENNEWAW TRACE TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name DJ Buchanan Street Address (P.O. Box Number is Not Acceptable) 1530 McLawrence Way City Tallahassee FL Zip Code 32317
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DJ Buchanan D.J. Buchanan 3/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TYLER, JENNIFER 11110 PENNEWAW TRACE TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ADAMS, BARBARA 1519 BIG SKY WAY TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BUCHANAN, DERYL J 1530 MCLAWRENCE WAY TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SWANSON, KATHLEEN 11128 PENNEWAW TR TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SWANSON, KEN 111128 PENNEWAW TRACE TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: DJ Buchanan DJ Buchanan 3/15/04 850 487-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #