

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90077 024 ****61.25

DOCUMENT # 748227

1. Entity Name
TURKEY ROOST FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1530 MCLAWRENCE WAY
TALLAHASSEE, FL 32317 US**

Mailing Address
**1530 MCLAWRENCE WAY
TALLAHASSEE, FL 32317 US**

50021377



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2410592

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHANAN, DJ
1530 MCLAWRENCE WAY
TALLAHASSEE, FL 32317**

Name

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

City

FL

Zip Code

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☒ Delete
NAME **ADAMS, BARBARA**
STREET ADDRESS **1519 BIG SKY WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **DP** ☐ Change ☒ Addition
NAME **Jerome D McKinstry**
STREET ADDRESS **11014 Pennewaw Trace**
CITY-ST-ZIP **Tallahassee FL 32317**

TITLE **DT** ☐ Delete
NAME **BUCHANAN, DERYL J**
STREET ADDRESS **1530 MCLAWRENCE WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **SWANSON, KATHLEEN**
STREET ADDRESS **11128 PENNEWAW TR**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **BM** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **SWANSON, KEN**
STREET ADDRESS **11128 PENNEWAW TRACE**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Bill Bowling**
STREET ADDRESS **11167 Tung Grove Rd**
CITY-ST-ZIP **Tallahassee FL 32317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
NAME **Susan Skornia**
STREET ADDRESS **1529 McLawrence Way**
CITY-ST-ZIP **Tallahassee FL 32317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DBM** ☐ Change ☒ Addition
NAME **Vicki Satterwhite**
STREET ADDRESS **1546 McLawrence Way**
CITY-ST-ZIP **Tallahassee FL 32317**

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 **Deryl J Buchanan**

2/25/05

850 487-8392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Additional page of Officers + Directors

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ATTACHMENT

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DBM ☐ Change ☒ Addition
NAME Roy Byle
STREET ADDRESS 1538 McLawrence Way
CITY-ST-ZIP Tallahassee FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

D Buchanan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #