2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2005 8:00 am Secretary of State 03-01-2005 90077 024 ****61.25

1. Entity Name	MENT # 748227 ROOST FARMS HOMEOW	NERS A	ASSOCIATION	ı,									
Principal Place of Business Mailing Address 1530 MCLAWRENCE WAY 1530 MCLAWRENCE WAY TALLAHASSEE, FL 32317 US TALLAHASSEE, FL 32317 U							1 4 1 0 % 1 4 6 7 	1 E188 1 IS	. 11 11 11 11 11 11 11 1			00213	77
2. Principal Pl	ace of Business	3. Mailin	g Address		 								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252005	Ch	g-NP		CR2E0	37 (10/03)	
City & State			City & State				4. FEI Numb 59-241		2				oplied For of Applicable
Zip	Zip Country Z		p Country				5. Certificate	of Sta	itus Des	ired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered	Agent		N		7. Name and	d Addr	ess of I	New Re	gistered	Agent	
BUCHANA	N. DJ			L	Name								
1530 MCL/	AWRENCE WAY SSEE, FL 32317				Street Add	Idress (P	.O. Box Numb	oer is N	lot Acce	ptable)			
				L								٠	š
					City						FL	Zip Coq	1
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpo:	se of changing its re	egistered	office or r	registere	ed agent, or bo	oth, in t	he State	of Flori	ida. I am	ı familiar with	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applic	cable. (NOTE: F	Registered A	Agent signature	re required v	when reinstating)				DATE		
1	'												
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Camp Trust Fund Co				\$5.00 May Added to Fees					k payable triment of S	
10.	Due by May 1, 2005 OFFICERS AND DIE	RECTORS				A	Added to Fees	s HANGE		FIORICER	da Depa S AND D	rtment of S	tate
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TITLE NAME	OFFICERS AND DIE DVP ADAMS, BARBARA	RECTORS	Trust Fund Co	11. TITLE NAME	n. [Jer 110	Added to Fees DDITIONS/CH OME T 14 Pen	HANGE	1cKi Jaw	FFICER nsh Tra	S AND D	rtment of S	tate V 10
TITLE	OFFICERS AND DIE	RECTORS	Trust Fund Co	11. TITLE NAME	D / ADDRESS	Jer 110	Added to Fees	HANGE	1cKi Jaw	FFICER nsh Tra	S AND D	rtment of S	tate V 10
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIE DVP ADAMS, BARBARA 1519 BIG SKY WAY TALLAHASSEE, FL 32317 DT BUCHANAN, DERYL J 1530 MCLAWRENCE WAY	RECTORS	Trust Fund Co	11. TITLE THE STREET CITY-S TITLE NAME STREET STREET NAME STREET	ADDRESS ADDRESS	Jer 110	Added to Fees DDITIONS/CH OME T 14 Pen	HANGE	1cKi Jaw	FFICER nsh Tra	S AND D	rtment of S	tate V 10
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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:

SIGNATURE:

Devi J Buchana

Devi D Byttne Prore

additional page of Officer + Directors

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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DOCUMENT # 748227)				
TURKEY ROOST FARMS HOMEO'INC.	WNERS ASSOCIATIO	N,		
Principal Place of Business 1530 MCLAWRENCE WAY TALLAHASSEE, FL 32317 US	Mailing Address 1530 MCLAWRENCE WA TALLAHASSEE, FL 323		5	002137
2. Principal Place of Business	3. Mailing Address		-	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02252005 Chg-NF	CR2E037 (10/03)
City & State	City & State		4. FEI Number 59-2410592	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status D	- \$9.75 Additional
6. Name and Address of Curren	nt Registered Agent		7. Name and Address of	of New Registered Agent
BUCHANAN, DJ 1530 MCLAWRENCE WAY		Name Street Address	s (P.O. Box Number is Not Ac	ceptable)
TALLAHASSEE, FL 32317				
		City		FL Zip Code
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	registered office or regist	tered agent, or both, in the S	ate of Florida. I am familiar with, and accept
				•
SIGNATURESignature, typed or printed name of registered agr	ent and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE
Filing Fee Is \$61.25 Due by May 1, 2005		mpaign Financing 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
ITTLE DVP NAME ADAMS, BARBARA	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS 1519 BIG SKY WAY CITY-ST-ZIP TALLAHASSEE, FL 32317		STREET ADDRESS CITY-ST-XIP		
TITLE DT	☐ Delete	TITLE .		☐ Change ☐ Addition
NAME BUCHANAN, DERYL J STREET ADDRESS 1530 MCLAWRENCE WAY CITY-ST-ZIP TALLAHASSEE, FL 32317		NAME STREET ADDRESS CITY-ST-ZIV		
TITLE DS	☐ Delete	TITLE		☐ Change ☐ #Odition
NAME / SWANSON, KATHLEEN STREET ADDRESS 11128 PENNEWAW TR		STREET ADDRESS		
TITE DVP	☐ Delete	CITY-ST-ZIP	/	☐ Chaptge ☐ Addition
NIME SWANSON, KEN STREET ADDRESS 111128 PENNEWAW TRACE CITY-S1-ZIP TALLAHASSEE, FL 32317		NAME STREET ADDRESS CITY-ST-ZIP	/	
TITLE	☐ Delete	TITLE DBM R	Pay Byle	☐ Change ★Addition
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	538 McLawr Llahasree FL	ence Way 32317
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
Hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee etchanged, or on an attachment with an address.	rt is true and accurate and that mpowered to execute this repor	my signature shall have th t as required by Chapter (ne same legal effect as if mai	Statutes. I further certify that the information de under oath; that I am an officer or director it my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytme Phone #

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