

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**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**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2410592**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	BUCHANAN, DERYL J
STREET ADDRESS	1530 MCLAWRENCE WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	P
NAME	HANF, STEPHEN
STREET ADDRESS	1519 BIG SLAY WY
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	DS
NAME	SKORNIA, SUSAN
STREET ADDRESS	1529 MCLAWRENCE WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	VP
NAME	BYLE, ROY
STREET ADDRESS	1538 MCLAWRENCE WY
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	MGR
NAME	ALLEN, ANNE
STREET ADDRESS	1517 BAUM RD
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000856807  
03/28/08-80027-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/08**  
Date

**850-487-8392**  
Daytime Phone #