

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761929 (9)
1. Corporation Name
TURNER TRACE TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business
**5331 BRADBURY COURT #12
TAMPA FL 33624**

Mailing Address
**5331 BRADBURY COURT #12
TAMPA FL 33624**

3. Date Incorporated or Qualified
02/11/1982

3a. Date of Last Report
04/05/1995

4. FEI Number
59-2267871

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

HARTNETT, CHRISTINE
5304 RIDGEWELL CT
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Christine B. Hartnett* *Chen B. Haverhill*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GALLICK, LOUIS R.	
STREET ADDRESS	5309 BRADBURY COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	BM	DELETE
NAME	SMITH, TERESA	
STREET ADDRESS	14222 WELLESLEY DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	DELETE
NAME	LONG, CLAYTON	
STREET ADDRESS	5330 RIDGEWELL CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	BM	DELETE
NAME	CARLSON, SUZANNE	
STREET ADDRESS	5306 PUTNAM CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		DELETE
NAME	KRASELSKY, AARON	
STREET ADDRESS	14228 WELLESLEY DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	President	DELETE
NAME	Christine Hartnett	
STREET ADDRESS	5304 Ridgewell	
CITY-ST-ZIP	TAMPA FL 33624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Jenny Grisaffi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	14210 mapleton Pl.	(3)
1.3 STREET ADDRESS	TAMPA FL 33624	
1.4 CITY-ST-ZIP		
2.1 TITLE	Bm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mange Willis	(4)
2.3 STREET ADDRESS	5304 Bradbury Ct.	
2.4 CITY-ST-ZIP	TAMPA FL 33624	
3.1 TITLE	Bm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Colleen Darlington	(5)
3.3 STREET ADDRESS	14208 Wellesley Dr.	
3.4 CITY-ST-ZIP	TAMPA FL 33624	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001833949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/22/96--01020--041	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chen B. Haverhill* **3-26-96** **2652900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)