## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 761929

(9)

## TURNER TRACE TOWNHOMES OWNERS ASSOCIATION, INC.

, , , , , ,					
Principat Place of Business		Mailing Address			
5331 BRADBURY COURT #12 TAMPA FL 33624		5331 BRADBURY COURT #12 TAMPA FL 33624-2518			
				3. Date Incorporated or Qualifier 02/11/1982	d 3a. Date of Last Report 05/21/1996
Principal Place of Business     Section 21		2a. Mailing Address		4. FEI Number 59-2267871	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			¢0.75 A.189
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	, ,	or intangible tax under s. 199.032,
24	25 9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New	Yes No
	g, Haine and Address of Cure	iit tradistated wholit	81 Name	140 C - 1	negistaled Agelit
				YENA >GIGEL	
HARTNETT, CHRISTINE 5304 RIDGEWELL CT			82 Street A	ddress (P.O. Box Number is Not Accep	table)
TAMPA F			83	· · · · · · · · · · · · · · · · · · · ·	
10000	2 00024				
	•		84 City	TAMBA	FL  85 98674
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					
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	MYRAA SAIge	PROSIDENT	•		2-28-77
	Signature, typed or printed name of registered ag		Registered Agent signature r		DATE
12.	S OFFICERS AN	ID DIRECTORS  DELETE	13.		FICERS AND DIRECTORS IN 12  Change Addition
NAME	GRISAFFI, JENNY	in back	1.2 NAME	FERRELL, PAUL	e7/E
STREET ADDRESS	14210 MAPLETON PL.		1.3 STREET ADDRESS	5322 BRABbus	y cr
CITY-ST-ZIP	TAMPA FL 33024		1.4 CITY-ST-ZIP	Tama B1. 236	2.6
TITLE	M/T	DELETE	21 TITLE	The property	Change Addition
NAME	WILLIS, MARGE		22 NAME	U/MARGE, WILL	13
STREET ADDRESS	5304 BRADBURY CT.		2.3 STREET ADDRESS	CZO4 BRADU	uny cr
CITY - ST - ZIP	TAMPA FL 33624		2. 4 CITY-ST-ZIP	TANDA F	L 33624
TITLE	M/T	☐ DELETE	3.1 TITLE		Change Addition
NAME	DARLINGTON, COLLEN		3.2 NAME		
STREET ADDRESS	14203 WELLESLEY DR.		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33024		3.4. CITY-ST-ZIP		
THILE	P/D	DELETE	4.1 TITLE	P/n	Change Addition
NAME	HARNETT, CHRISTINE	•	4.2 NAME	I MYRNA A. SE	=19eL
STREET ADDRESS	5304 RIDGEWELL CT.		4.3 STREET ADDRESS	TURNGUN	y C.T
C(TY - S1 - Z(P	TAMPA FL 33624		4.4 CITY-ST-ZIP	THIMPH FL	- 33624
TITLE	T	DELETE		0 ,, , , , , , , , , , ,	☐ Change ☐ Addition
NAME	KRASELSKY, AARON		5.2 NAME	WARREN AM	1. 50
STREET ADDRESS	14228 WELLESLEY DR		5.3 STREET ADDRESS	23/2 CIGSENE	L = C
CITY - ST - ZIP	TAMPA FL	Doriete	5.4 CITY-ST-ZIP	TIMPO, YE	- 7700T
TITLE		☐ DELETE	6.1 TITLE	, ,	Change Addition
NAME PERSONAL LEDBOGOS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-7IP

MY KNA SEIGEL 278.97

**FILED** 

Mar 11 1997 8:00am

Secretary of State