


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761929** (9)

1. Corporation Name

**TURNER TRACE TOWNHOMES OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5331 BRADBURY COURT #12 TAMPA FL 33624</b>	Mailing Address <b>5331 BRADBURY COURT #12 TAMPA FL 33624</b>
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3. Date Incorporated or Qualified <b>02/11/1982</b>
4. FEI Number <b>59-2267871</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MYRNA SEIGEL 52 TURNBURY CT TAMPA FL 33624</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Billy A. Kitchens</b> <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>5302 RIDGEWELL COURT</b> <b>83</b> City <b>TAMPA</b> <b>FL</b> <b>85</b> Zip Code <b>33624</b>
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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 *Billy A. Kitchens* (NOTE: Registered Agent signature required when reinstating) DATE **2-1-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	VP/D
STREET ADDRESS	ST	1.2 NAME	
CITY-ST-ZIP	FERRELL PAULETTE	1.3 STREET ADDRESS	
	5322 BRADBURY CT	1.4 CITY-ST-ZIP	
	TAMPA FL		
TITLE	VP	2.1 TITLE	
NAME	MARGE WILLIS	2.2 NAME	
STREET ADDRESS	5304 BRADBURY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	M/T	3.1 TITLE	William HASTINGS
NAME	DARLINGTON, COLLEN	3.2 NAME	14214 MAPLETON PLACE
STREET ADDRESS	14203 WELLESLEY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33024	3.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	P/D	4.1 TITLE	P/D/T
NAME	MYRNA A SEIGEL	4.2 NAME	Billy A Kitchens
STREET ADDRESS	TURNBURY CT	4.3 STREET ADDRESS	5302 RidgeWell CT
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D	5.1 TITLE	S/D
NAME	WARREN LAWTON	5.2 NAME	
STREET ADDRESS	5312 RIDGEWELL CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 *Billy A. Kitchens* DATE **2-1-98**

CR2E037 (10/97)