

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISCONTINUED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 022 ****61.25

DOCUMENT # 761929

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/11/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2267871

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KITCHENS, BILLY A.
5302 RIDGEWELL CT.
TAMPA FL 33924

81 Name Lou Gallick
82 Street Address (P.O. Box Number is Not Acceptable)
5309 Bradbury Ct.
83
84 City Tampa FL 85 Zip Code 33624

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME FERRELL PAULETTE
STREET ADDRESS 5322 BRADBURY CT
CITY-ST-ZIP TAMPA FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Lou Gallick
1.3 STREET ADDRESS 5309 Bradbury Ct.
1.4 CITY-ST-ZIP Tampa, FL 33624 ☒ Change ☐ Addition

TITLE D
NAME MARGE WILLIS
STREET ADDRESS 5304 BRADBURY CT
CITY-ST-ZIP TAMPA FL ☒ DELETE

2.1 TITLE VPD
2.2 NAME Suzanne Carlson
2.3 STREET ADDRESS 5306 Putman Ct.
2.4 CITY-ST-ZIP Tampa, FL 33624 ☒ Change ☐ Addition

TITLE D
NAME HASTINGS, WILLIAM
STREET ADDRESS 14214 MAPLETON PL
CITY-ST-ZIP TAMPA FL 33624 ☒ DELETE

3.1 TITLE TD
3.2 NAME Bill Hastings
3.3 STREET ADDRESS 14214 Mapleton Pl.
3.4 CITY-ST-ZIP Tampa, FL 33624 ☒ Change ☐ Addition

TITLE PDT
NAME KITCHENS, BILLY A.
STREET ADDRESS 5302 RIDGEWELL CT
CITY-ST-ZIP TAMPA FL 33624 ☒ DELETE

4.1 TITLE SD
4.2 NAME Jason Amerson
4.3 STREET ADDRESS 14206 Mapleton Pl.
4.4 CITY-ST-ZIP Tampa, FL 33624 ☒ Change ☐ Addition

TITLE SD
NAME WARREN LAWTON
STREET ADDRESS 5312 RIDGEWELL CT
CITY-ST-ZIP TAMPA FL ☒ DELETE

5.1 TITLE D
5.2 NAME Barbara Fara
5.3 STREET ADDRESS 14102 Winslow Pl.
5.4 CITY-ST-ZIP Tampa, FL 33624 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-99

CR2E037 (5/99)