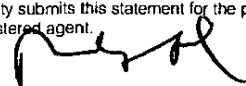


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90497 005 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 761929					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2267871	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03082004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAWTON, C. WARREN 5312 RIDGEWELL CT TAMPA, FL 33624				Name: Robert L. Tanke Street Address (P.O. Box Number is Not Acceptable): 1022 Main Street Dunedin City: FL Zip Code: 34688	
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:  DATE: 4/9/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LAWTON, C. WARREN 5312 RIDGEWELL CT TAMPA, FL 33624 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Virginia Rice 14285 W. Wellesley Tampa FL 33624 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, VINCENT 5325 BRADBURY COURT TAMPA, FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl Moeschling 14911 Barbours Ave Tampa FL 33624 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, STEVE 5208 TURNBURY COURT TAMPA, FL 33624 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JON, SNADER 5302 ROLLINS FORD CT TAMPA, FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA, FARA 14102 WINSLOW PL TAMPA, FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULETTE, FERRELL 5322 BRADBURY CT TAMPA, FL 33624 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 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: <u>Barbara Fara (BARBARA FARA)</u> 3/17/04 813 960-9829 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					