

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90062 012 \*\*\*\*61.25

**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**

**50059639**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2267871**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TANKEL, ROBERT L  
1022 MAIN ST. SUITE D  
DUNEDIN, FL 34680**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PDT                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RICE, VIRGINIA</b>       |  |
| STREET ADDRESS | <b>14214 WELLESLEY</b>      |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33624</b>      |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BROWN, VINCENT</b>       |  |
| STREET ADDRESS | <b>5325 BRADBURY COURT</b>  |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33624</b>      |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MOESCHIN, CARL</b>       |  |
| STREET ADDRESS | <b>14911 BARBY AVE.</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33624</b>      |  |
| TITLE          | T                           | <input type="checkbox"/> Delete            |
| NAME           | <b>JON, SNADER</b>          |  |
| STREET ADDRESS | <b>5302 ROLLINS FORD CT</b> |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33624</b>      |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BARBARA, FARA</b>        |  |
| STREET ADDRESS | <b>14102 WINSLOW PL</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33624</b>      |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | Member                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>John Wicks</b>           |  |
| STREET ADDRESS | <b>5318 Ridgewell Court</b> |  |
| CITY-ST-ZIP    | <b>Tampa FL 33624</b>       |  |
| TITLE          | Elaine Stone                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Elaine Stone</b>         |  |
| STREET ADDRESS | <b>5324 Ridgewell Ct</b>    |  |
| CITY-ST-ZIP    | <b>Tampa FL 33624</b>       |  |
| TITLE          | Debbie Young                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Debbie Young</b>         |  |
| STREET ADDRESS | <b>5328 Ridgewell Ct</b>    |  |
| CITY-ST-ZIP    | <b>Tampa FL 33624</b>       |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:** *Barbara Fara President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*8/20/05*

Daytime Phone #