



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90105 033 \*\*\*\*61.25

<b>DOCUMENT # 761929</b> 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 <i>7001 Temple Terrace Hwy</i> Suite, Apt. #, etc.		3. Mailing Address <i>7001 Temple Terrace Hwy</i> Suite, Apt. #, etc.			
City & State <i>Temple Terrace FL</i> Zip <i>33637</i>		City & State <i>Temple Terrace FL</i> Zip <i>33637</i>		4. FEI Number 59-2267871	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TANKEL, ROBERT L</b> <b>1022 MAIN ST.</b> <b>SUITE D</b> <b>DUNEDIN, FL 34680</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>D</b> NAME <b>WEEKS, JOHN</b> STREET ADDRESS <b>5318 RIDGEWOOD COURT</b> CITY-ST-ZIP <b>TAMPA, FL 33624</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>SNADER, MARIA</b> STREET ADDRESS <b>5302 ROLLINSFORD CT</b> CITY-ST-ZIP <b>TAMPA FL 33624</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>STONE, ELAINE</b> STREET ADDRESS <b>5324 RIDGEWOOD COURT</b> CITY-ST-ZIP <b>TAMPA, FL 33624</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>STONE ELAINE</b> STREET ADDRESS <b>5324 RIDGEWELL CT</b> CITY-ST-ZIP <b>TAMPA FL 33624</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KEEP</b>	
TITLE <b>D</b> NAME <b>YOUNG, DEBBIE</b> STREET ADDRESS <b>5328 RIDGEWOOD COURT</b> CITY-ST-ZIP <b>TAMPA, FL 33624</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VIRGINIA RICE</b> STREET ADDRESS <b>14215 WELLESLEY DR</b> CITY-ST-ZIP <b>Tampa FL 33624</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>JON, SNADER</b> STREET ADDRESS <b>5302 ROLLINS FORD CT</b> CITY-ST-ZIP <b>TAMPA, FL 33624</b>	<input type="checkbox"/> Delete		TITLE <b>DAN BEAL</b> STREET ADDRESS <b>14209 WELLESLEY DR</b> CITY-ST-ZIP <b>TAMPA FL 33624</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>BARBARA, FARA</b> STREET ADDRESS <b>14102 WINSLOW PL</b> CITY-ST-ZIP <b>TAMPA, FL 33624</b>	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Jon C. Snader</i> (Jon C. Snader)			3/15/06 968.6328		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		