

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90087 027 ****61.25

DOCUMENT # 761929						
1. Entity Name TURNER TRACE TOWNHOMES OWNERS ASSOCIATION, INC.						
Principal Place of Business 7001 TEMPLE TERRACE HWY TAMPA, FL 33637			Mailing Address 7001 TEMPLE TERRACE HWY TAMPA, FL 33637			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2267871		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME SNADER, MARIA		<input type="checkbox"/> Delete	TITLE DT	NAME SNADER, MARIA	
STREET ADDRESS 5301 ROLLINSFORD CT	CITY-ST-ZIP TAMPA, FL 33624		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 5301 Rollinsford Ct	CITY-ST-ZIP Tampa FL 33624	
TITLE D	NAME STONE, ELAINE		<input checked="" type="checkbox"/> Delete	TITLE DS	NAME WIEDE, GINA	
STREET ADDRESS 5324 RIDGEWOOD COURT	CITY-ST-ZIP TAMPA, FL 33624		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 5327 BRADBURY CT	CITY-ST-ZIP TAMPA FL 33624	
TITLE D	NAME RICE, VIRGINIA		<input type="checkbox"/> Delete	TITLE D	NAME RICE, VIRGINIA	
STREET ADDRESS 14215 WELLESLEY DR	CITY-ST-ZIP TAMPA, FL 33624		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 14215 WELLESLEY DR	CITY-ST-ZIP TAMPA FL 33624	
TITLE T	NAME BEAL, DAN		<input type="checkbox"/> Delete	TITLE DVP	NAME BEAL, DAN	
STREET ADDRESS 14209 WELLESLEY DR	CITY-ST-ZIP TAMPA, FL 33624		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 14209 WELLESLEY DR	CITY-ST-ZIP TAMPA FL 33624	
TITLE SNADER JON	NAME SNADER JON		<input type="checkbox"/> Delete	TITLE DP	NAME SNADER, JON	
STREET ADDRESS 5301 Rollinsford Ct	CITY-ST-ZIP Tampa FL 33624		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 5301 Rollinsford Ct	CITY-ST-ZIP Tampa FL 33624	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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.						
SIGNATURE: <u>Maria Snader</u>			Date: <u>1-9-07</u>		Daytime Phone: <u>813-980-1100</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						