2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2005 8:00 am Secretary of State

1. Entity Nam TURNBEI	MENT # N00000002 RRY WOODS AT THE STE ATION, INC.		и				05-05-200	5 90113 0	36 ****61	1.25
Principal Place 4375 DOVER NAPLES, FL	R CT.,STE.102	Mailing Address PO BOX 110156 NAPLES, FL 34108	·			£ 1987MB1 1 71	8811 8811 8811 8811	23111 82111 WHITE)UU49	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04302005	01 110	0000	AT (40100)	
City P State		City & State	1		-		Chg-NP	CHZEU	37 (10/03)	nation For
City & State		•				4. FEI Numbe 59-363	9241			optied For of Applicable
Zip	Country	Zip	Cou	intry		5. Certificate	of Status Desired	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	w Registered	Agent	
WHITE W	ILLIAM D CAM			Name						
WHITE, WILLIAM D CAM 2310 DELLA DR NAPLES, FL 34117				Street A	Street Address (P.O. Box Number is Not Acceptable)					
	A	,	- 1							
	**************************************		İ	City		•		Fl	Zip Cod	е
	named entity submits this statement for	or the purpose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
-	***	- ··								
SIGNATURE .	Signature, typed or pointed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signat.	ure required	when reinstating)		DATE		
SIGNATURE	Signature typed or ported name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	***	npaign Fi	inancing		when reinstating) \$5.00 May B Added to Fees	e F		k payable t	
SIGNATURE	Filing Fee is \$61.25	and title if applicable. (NOTE 9. Election Can Trust Fund C	npaign Fi	inancing		\$5.00 May B Added to Fees	e F	Make chec lorida Depa	rtment of Si	tate
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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:

MILLIAM D MALLA - WILLIAM D. WHITE

<u>4-30-05 ∂39-352-6080</u>
Date Daytime Phone #