

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90084 014 \*\*\*\*61.25

<b>DOCUMENT # N00000002328</b>					
<b>1. Entity Name</b> TURNBERRY WOODS AT THE STRAND CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4375 DOVER CT., STE. 102 NAPLES, FL 34105			<b>Mailing Address</b> PO BOX 110156 NAPLES, FL 34108		
<b>2. Principal Place of Business - No P.O. Box #</b> 1035 Collier Center Way		<b>3. Mailing Address</b> 1035 Collier Center Way			
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7			
<b>City &amp; State</b> Naples, FL		<b>City &amp; State</b> Naples, FL		<b>4. FEI Number</b> 59-3639241	
<b>Zip</b> 34110		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHITE, WILLIAM D CAM 2310 DELLA DR NAPLES, FL 34117			<b>7. Name and Address of New Registered Agent</b> Name: SUSAN THOMPSON % Advanced Prop. Mgt. Street Address (P.O. Box Number is Not Acceptable): 1035 Collier Center Way Suite 7 City: Naples FL Zip Code: 34110		
<b>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.</b> SIGNATURE: <u>Susan L. Thompson</u> <u>SUSAN L. THOMPSON</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>TITLE</b> DVPT <b>NAME</b> ANDERSON, GENE C <b>STREET ADDRESS</b> 6061 ASHFORD LN 504 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> MAS <b>NAME</b> WHITE, WILLIAM D <b>STREET ADDRESS</b> 2310 DELLA DR <b>CITY-ST-ZIP</b> NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DS <b>NAME</b> CAIRD, JOHN <b>STREET ADDRESS</b> 6057 ASHFORD LN 401 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DVP <b>NAME</b> SMITH, SAMUEL <b>STREET ADDRESS</b> 6053 ASHFORD LN 301 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DP <b>NAME</b> Ed Graff <b>STREET ADDRESS</b> 6041 Ashford Lane #501 <b>CITY-ST-ZIP</b> Naples, FL 34110					
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP <b>NAME</b> Nancy Palving <b>STREET ADDRESS</b> 6045 Ashford Lane #601 <b>CITY-ST-ZIP</b> Naples, FL 34110					
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DT <b>NAME</b> Mary Ann Jackson <b>STREET ADDRESS</b> 6045 Ashford Lane #102 <b>CITY-ST-ZIP</b> Naples, FL 34110					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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>					
<b>SIGNATURE:</b> <u>E. J. Graff</u> <u>05-15-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					