

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N01000000874

1. Entity Name
**TURKEY ROOST HOMEOWNERS ASSOCIATION OF
TALLAHASSEE, INC.**



Principal Place of Business
**11215 TURKEY ROOST RD
TALLAHASSEE, FL 32317**

Mailing Address
**11215 TURKEY ROOST RD
TALLAHASSEE, FL 32317**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0535808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAJORS, ANGEL
11215 TURKEY ROOST RD
TALLAHASSEE, FL 32317**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COX, JIM
STREET ADDRESS	11355 TURKEY ROOST RD
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	VPD
NAME	RALSTIN, JAY
STREET ADDRESS	1275 TURKEY ROOST KNOLL
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	SD
NAME	DAWMS, DEBBIE
STREET ADDRESS	11270 TURKEY ROOST RD
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	TD
NAME	MAJORS, ANGEL
STREET ADDRESS	11215 TURKEY ROOST RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000784250
01/16/08-80046-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Angel Majors Angel Majors 1/10/08 850-545-2385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #