

**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
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0535808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) 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 NAME STREET ADDRESS CITY - ST - ZIP	PD COX, JIM 11355 TURKEY ROOST RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RALSTIN, JAY 1275 TURKEY ROOST KNOLL TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAWIRS, DEBBIE 11270 TURKEY ROOST RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAJORS, ANGEL 11215 TURKEY ROOST RD. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #