

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 050 ****61.25

DOCUMENT # N01000002891

1. Entity Name
TURNBERRY PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**21 EAST GARDEN STREET #200
PENSACOLA, FL 32501**

Mailing Address
**21 EAST GARDEN STREET #200
PENSACOLA, FL 32501**

50041801



2. Principal Place of Business
**4 LAGUNA STREET
Suite, Apt. #, etc.
SUITE 201**

3. Mailing Address
**4 LAGUNA STREET
Suite, Apt. #, etc.
SUITE 201**

04152005 Chg-NP CR2E037 (10/03)

City & State
FORT WALTON BEACH, FL
Zip
32548

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FORT WALTON BEACH, FL
Zip
32548

4. FEI Number
04-3589952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DEL GALLO, STEVE
21 E. GORDON ST. SUITE 200
PENSACOLA, FL 32502**
**4 Laguna St., Ste. 201
Fort Walton Beach, FL 32548**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUDNALL, DUNCAN**
STREET ADDRESS **5508 N. W STREET**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN P. DEL GALLO

Date

Daytime Phone #

4/18/05 (850) 301-0179