


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 027 ****61.25

DOCUMENT # N01000002891					
1. Entity Name TURNBERRY PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business TURNBERRY PLACE HOMEOWNERS ASSOCIATION 473 TURNBERRY RD, 473-2018 CANTONMENT, FL 32533		Mailing Address TURNBERRY PLACE HOMEOWNERS ASSOCIATION 473 TURNBERRY RD, 473-2018 CANTONMENT, FL 32533			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. NONE		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3589952	Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
KRINBON, MARY D KRAINHOP 473 TURNBERRY RD SUITE 201 CANTONMENT, FL 32533		Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: <i>Mary D. Krinhop</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 1-6-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRINHOP, MARY D	NAME			
STREET ADDRESS	473 TURNBERRY RD Turnberry	STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICKERSON, JOHN	NAME			
STREET ADDRESS	447 TURNBERRY RD	STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARREA, DAVID	NAME			
STREET ADDRESS	453 TURNBERRY RD	STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Mary D. Krinhop</i>		Date: 1-6-07		Daytime Phone #: 850 937-2478	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	