

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 11, 2008  
Secretary of State

DOCUMENT# N01000002891

Entity Name: TURNBERRY PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TURNBERRY PLACE HOMEOWNERS ASSOCIATION  
473 TURNBERRY RD, STE 201  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

TURNBERRY PLACE HOMEOWNERS ASSOCIATION  
473 TURNBERRY RD, STE 201  
CANTONMENT, FL 32533

**New Mailing Address:**

TURNBERRY PLACE HOMEOWNERS ASSOCIATION  
473 TURNBERRY RD  
CANTONMENT, FL 32533

FEI Number: 04-3589952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRINHOP, MARY D  
473 TURNBERRY RD  
SUITE 201  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

KRINHOP, MARY D  
473 TURNBERRY RD  
CANTONMENT, FL 32533 US

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.

SIGNATURE: \_\_\_\_\_

03/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KRINHOP, MARY D  
Address: 473 TURNBERRY RD  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: NICKERSON, JOHN  
Address: 447 TURNBERRY RD  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: BARREA, DAVID  
Address: 453 TURNBERRY RD  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VAUGHN, BEN  
Address: 474 TURNBERRY RD  
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change ( ) Addition  
Name: KRINHOP, KENNETH  
Address: 473 TURNBERRY RD  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY D. KRINHOP

D

03/11/2008

Electronic Signature of Signing Officer or Director

Date