

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 22, 2009
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
CANTONMENT, FL 32533

New Mailing Address:

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
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: _____

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: VAUGHN, BEN
Address: 474 TURNBERRY RD
City-St-Zip: CANTONMENT, FL 32533

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 DUNN KRINHOP

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02/22/2009

Electronic Signature of Signing Officer or Director

_____ Date