FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:18

DOCUMENT # N01029 (0)

1. Corporation Name
TURNBURRY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8600 BAY RIDGE BLVD ORLANDO FL 32819	8600 BAY RIDGE BLVD ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1984
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2853591 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NELSON, GLENN
8708 FERNWICKE CT
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TD~~	1.1 TITLE	T D	☑ Change ☐ Addition
NAME	~~DEMOSS, JAMES R.~~	1.2 NAME	MORISON, JOHN	
STREET ADDRESS	~~6628 BAY RIDGE BLVD~~	1.3 STREET ADDRESS	5355 SHADYWOOD LANE	
CITY-ST-ZIP	~~ORLANDO FL~~	1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	~~PD~~	2.1 TITLE	~~ROGER~~ D	☑ Change ☐ Addition
NAME	~~MCGARIGAL, PAUL~~	2.2 NAME	ROGER ARNOLD	
STREET ADDRESS	~~5333 GREENSIDE CT.~~	2.3 STREET ADDRESS	5351 FAYWOOD COURT	
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	~~VD~~	3.1 TITLE	P D	☑ Change ☐ Addition
NAME	BROWN, ARTHUR	3.2 NAME		
STREET ADDRESS	5338 FOXSHIRE CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	~~TD~~	4.1 TITLE	S D	☑ Change ☐ Addition
NAME	HOLIHAN, MELINDA X	4.2 NAME		
STREET ADDRESS	8812 BAY RIDGE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	V D	☑ Change ☐ Addition
NAME	WALKER, B. D	5.2 NAME		
STREET ADDRESS	8736 BAYRIDGE BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur S Brown ARTHUR S. BROWN 1-26-95 (407)876-5532
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034418