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FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 11 1997 8:00am
Secretary of State

DOCUMENT # N01029 (0)
1. Corporation Name
TURNBURY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6600 BAY RIDGE BLVD 6600 BAY RIDGE BLVD
ORLANDO FL 32819 ORLANDO FL 32819-3835

3. Date Incorporated or Qualified 01/20/1984	3a. Date of Last Report 03/18/1996
4. FEI Number 59-2853591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
~~NELSON, GLENN~~
~~6700 FERNWICKE CT~~
~~ORLANDO FL 32819~~

81 Name ROBERT L. TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable) 1900 SUMMIT TOWER BLVD.
83 SUITE 800
84 City ORLANDO
85 FL
86 Zip Code 32810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* Robert L. Taylor 3/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	TD MORISON, JOHN <input type="checkbox"/> DELETE
NAME	5355 SHADYWOOD LANE
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	D ARNOLD, ROGER <input type="checkbox"/> DELETE
NAME	5351 FAYWOOD COURT
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	PD BROWN, ARTHUR <input type="checkbox"/> DELETE
NAME	5338 FOXSHIRE CT.
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	SD HERZOG, LINDA F. <input type="checkbox"/> DELETE
NAME	8707 FERNWICKE COURT
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	WALKER, B. D. <input checked="" type="checkbox"/> DELETE
NAME	8736 BAYRIDGE BLVD.
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D FRASER ROBERT
5.3 STREET ADDRESS	8738 FERNWICKE CT.
5.4 CITY-ST-ZIP	ORLANDO FL 32819
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* REQUIRED

4/20/97 (407) 345-9355

CR2E037 (9/96)