

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90004 010 \*\*\*\*61.25

**DOCUMENT # N01029**

1. Entity Name

**TURNBURY WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**8600 BAY RIDGE BLVD  
ORLANDO FL 32819**

Mailing Address

**P O BOX 560698  
ORLANDO FL 32856-0698**

**34020041**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

**709 E. MICHIGAN STREET**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip  
**32806**

Country  
**USA**

Zip

Country

4. FEI Number

**59-2853591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT L TAYLOR  
1900 SUMMIT TOWER BLVD  
STE 800  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**850 CONCOURSE PKWY SOUTH, SUITE 105**

**MAITLAND, FL 32751**

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **MORISON, JOHN**  
STREET ADDRESS **5355 SHADYWOOD LANE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ Delete  
NAME **MALICK, KEITH**  
STREET ADDRESS **5355 SHADYWOOD LN**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete  
NAME **DOYLE, CHARLIE**  
STREET ADDRESS **8731 FERNWICKE COURT**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VP** ☐ Delete  
NAME **WOOD, JAMES**  
STREET ADDRESS **5363 SHADYWOOD LN**  
CITY-ST-ZIP **ORLANDO FL 32819-3834**

TITLE **SD** ☒ Delete  
NAME **ZUTLER, DEBARAH**  
STREET ADDRESS **5209 KIELDVIEW CT.**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition  
NAME **DOYLE, CHARLIE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **WHIDDEN, BILL**  
STREET ADDRESS **5303 FAYWOOD COURT**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TREAS.**

Date

Daytime Phone #