

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N01029

1. Entity Name
TURNBURY WOODS HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
709 E. MICHIGAN STREET
ORLANDO, FL 32806

Mailing Address
P O BOX 560698
ORLANDO, FL 32856-0698



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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
850 CONCOURSE PKWY SOUTH, SUITE 105
MAITLAND, FL 32751

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOYLE, CHARLIE
8731 FERNWICKE COURT
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WOOD, JAMES
5363 SHADYWOOD LN
ORLANDO, FL 328193834

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHIDDEN, BILL
5303 FAYWOOD COURT
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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

KEITH J. MALICK

2/17/05

Date

407-876-1646

Daytime Phone #