


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

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90040 015 \*\*\*\*61.25

<b>DOCUMENT # N03000003478</b>	
1. Entity Name <b>TURKEY CREEK OF TALLAHASSEE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>6863 PROCTOR ROAD TALLAHASSEE FL 32308</b>	Mailing Address <b>6863 PROCTOR ROAD TALLAHASSEE FL 32308</b>
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**54021037**



MOORE CR2E037 (11/03)

2. Principal Place of Business <b>6863 Proctor Rd</b>	3. Mailing Address <b>6863 Proctor Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tall. FL</b>	City & State <b>Tall. FL</b>
Zip <b>32309</b>	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MANAUSA, DANIEL E 3520 THOMASVILLE RD 4TH FLOOR TALLAHASSEE FL 32309</b>	
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7. Name and Address of New Registered Agent Name <b>Lex C Thompson</b> Street Address (P.O. Box Number is Not Acceptable) <b>6863 Proctor Rd</b> City <b>Tallahassee</b> FL Zip Code <b>32309</b>	
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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 <b>Lex C Thompson</b>	<b>Lex C Thompson Director</b>	<b>2-8-04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D THOMPSON, LEX C 6863 PROCTOR ROAD TALLAHASSEE FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D THOMPSON, CAROL ANNE 6863 PROCTOR ROAD TALLAHASSEE FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D THOMPSON, JAMES L 1825 COMMERCE BOULEVARD MIDWAY FL 32343</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> <b>Lex C Thompson</b>	<b>2-8-04 (850) 545-6006</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #