



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/2/2005-90015-015-\$61.25-\$61.25

<b>DOCUMENT # N04000005492</b> 1. Entity Name <b>TURNBERRY LAKE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 6208 NW 43RD STREET GAINESVILLE, FL 32653		Mailing Address 6208 NW 43RD STREET GAINESVILLE, FL 32653	
2. Principal Place of Business  4623 NW 53 Avenue Gainesville, FL 32606 USA		3. Mailing Address  4623 NW 53 Avenue Gainesville, FL 32606 USA	
6. Name and Address of Current Registered Agent  ROBINSON, G.W. 6208 NW 43RD STREET GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name Street Nautilus Association Management, LLC 4623 NW 53 Avenue City Gainesville, FL 32606	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>Efstathios Karahalios</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <b>9/19/05</b>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, G.W. 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KATE 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RANDY 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE 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)(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: <u>Kate M Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/30/05</u> Daytime Phone # <u>373-1724</u> <u>222</u>	

FILED

05 SEP 22 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FL

30064736



06102005 Chg-NP CR2E037 (10/03)

4. FEI Number 207552683 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name  
Street Nautilus Association Management, LLC  
4623 NW 53 Avenue  
City Gainesville, FL 32606

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: Efstathios Karahalios DATE 9/19/05  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, G.W. 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KATE 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RANDY 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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
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SIGNATURE: Kate M Robinson Date 8/30/05 Daytime Phone # 373-1724 222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR