

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 017 ****61.25

DOCUMENT # N04000005492 1. Entity Name TURNBERRY LAKE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609 US			Mailing Address P.O. BOX 14506 GAINESVILLE, FL 32604 US		
2. Principal Place of Business - No P.O. Box # 610 WATSON REALTY CORP		3. Mailing Address SAME			
Suite, Apt. #, etc. 4516 NW 23RD AVE		Suite, Apt. #, etc. 			
City & State GAINESVILLE, FL		City & State 			
Zip 32606		Country USA		4. FEI Number 20-2552683	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WESTON BAUR/ ED BAUR MANAGEMENT INC. DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name DOLLARD, FRANCIS C. Street Address (P.O. Box Number is Not Acceptable) 610 Watson Realty Corp 4516 NW 23rd Avenue City Gainesville State FL Zip Code 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: <u>Francis C. Dollard</u> DATE: <u>4-18-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROBINSON, G.W. 6208 NW 43RD STREET GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROBINSON, KATE 6208 NW 43RD STREET GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROBINSON, RANDY 6209 NW 43RD STREET GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Randy Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-14-08</u> Daytime Phone # <u>352-377-8899</u>		