

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005492

FILED
Mar 04, 2009
Secretary of State

Entity Name: TURNBERRY LAKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O WATSON REALTY CORP
4516 NW 23RD AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

C/O WATSON REALTY CORP
4516 NW 23RD AVE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 20-2552683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLLARD, FRANCES C
C/O WATSON REALTY CORP
4516 NW 23RD AVENUE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

POLLARD, FRANCES C
C/O WATSON REALTY CORP
4516 NW 23RD AVENUE
GAINESVILLE, FL 32609 US

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.

SIGNATURE: FRANCES C. POLLARD

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: ROBINSON, G.W.
Address: 6208 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: VP,D () Delete
Name: ROBINSON, KATE
Address: 6208 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: STD () Delete
Name: ROBINSON, RANDY
Address: 6208 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: CAIN, GAY
Address: 6208 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAY CAIN

STD

03/04/2009

Electronic Signature of Signing Officer or Director

Date