

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000004564 1. Entity Name EAST TURKEY RUN ROAD MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 13216 RING NECK RD. TALLAHASSEE, FL 32312			Mailing Address 13216 RING NECK RD. TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STILLWELL, FAYE 13216 RINGNECK RD TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when registering) DATE: 02/14/07					
Filing Fee is \$61.25 Due by May 1, 2007		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-STATE-ZIP	P OXENDINE, CHRISTINA 13180 RINGNECK RD TALLAHASSEE, FL 32312	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V STILLWELL, FAYE 13216 RINGNECK RD TALLAHASSEE, FL 32312	U000000641794 03/01/07-80013-027 70.00			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ADAMS, ALLEN 13111 FLYWAY DR TALLAHASSEE, FL 32312	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WINCHESTER, MARCUS 7002 DUCK COVE TALLAHASSEE, FL 32312	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ 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: Faye Stillwell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-16-07		850-893-8831	