


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90015 020 ****61.25

DOCUMENT # N05000005605 1. Entity Name TURN-AROUND BAY CONSERVATION CLUB, INC.					
Principal Place of Business 5675 WILLOWBY DRIVE MELBOURNE, FL 32930			Mailing Address 5675 WILLOWBY DRIVE MELBOURNE, FL 32930		
2. Principal Place of Business - No P.O. Box # 803 Paw Prints Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 361877 Suite, Apt. #, etc. Melbourne FL			
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 20-2613024	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, JAMES E JR 126 E JEFFERSON ST ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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 September 12, 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 CONNER, DOUG 5675 WILLOWBY DRIVE MELBOURNE, FL 32930 <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	D MATONIS, STEVE 17 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 <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	D BISHOP, WILLIAM D 718 FAIROAKS LANE MAITLAND, FL 32751 <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	D TAYLOR, JAMES E JR 126 E JEFFERSON ST ORLANDO, FL 32801 <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><i>Doug Conner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/1/08 <small>Date</small>		321 288 4844 <small>Daytime Phone #</small>