2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90229 040 ****61.25

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1. Entity Name
TURNING LEAF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
821 NE 36TH TERR #6 OCALA, FL 34470	821 NE 36TH TERR #6 OCALA, FL 34470

04102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6341 SE 80 Court	P. O. Box 830572
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL 34472	City & State: Ocala, FL 34483-0572
Zip / Country: Marion	Zip / Country: Marion

4. FEI Number: 20-3063086 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, WARREN E SR 821 NE 36TH TERR #6 OCALA, FL 34470	Name: Briganand Gangapersaud Street Address (P.O. Box Number is Not Acceptable): 6341 S. E. 80 Court City: Ocala, FL 34472 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: Briganand Gangapersaud BRIGANAND GANGAPERSAUD (Treasurer) 04.25.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elmo Torres 6297 SE 80 CT. Ocala FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President DiDyanauth Persaud 6277 SE 80th CT Ocala FL 34472	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Barry Gangapersaud 6341 S. E. 80th Court Ocala, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Briganand Gangapersaud 6341 SE 80th Court Ocala Fl 34472	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kelly A. Thompson 8107 SE 62nd Loop Ocala Fl 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Elmo Torres 04.25.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #