

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006023

FILED
Apr 29, 2009
Secretary of State

Entity Name: TURNING LEAF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6341 SE 80 CT
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

PO BOX 830572
OCALA, FL 34483

New Mailing Address:

FEI Number: 20-3063086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANGAPERSAUD, BRIGANAND
6341 SE 80 CT
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BIDVANAUTH, PERSAUD
Address: 6277 SE 80TH CT
City-St-Zip: Ocala, FL 34472

Title: T () Delete
Name: BRIGANAND, GANGAPERSAND
Address: 6341 SE 80TH CT
City-St-Zip: Ocala, FL 34472

Title: P () Delete
Name: GONZALEZ, JOSE M
Address: 8002 SE 62ND LOOP
City-St-Zip: Ocala, FL 34472

Title: S () Delete
Name: THOMPSON, KELLY A
Address: 8107 SE 62ND LOOP
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: DAVIDSON, KAREN G
Address: 8066 SE 62ND LOOP
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: CLEMONS, ALLEN L
Address: 8036 SE 62ND LANE
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FROST, MICHAEL G
Address: 6137 SE 80TH COURT
City-St-Zip: Ocala, FL 34472

Title: T (X) Change () Addition
Name: GANGAPERSAUD, BRIGANAND
Address: 6341 SE 80TH CT
City-St-Zip: Ocala, FL 34472

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

Title: S (X) Change () Addition
Name: FROST, KIMBERLY A
Address: 6137 SE 80TH COURT
City-St-Zip: Ocala, FL 34472

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

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

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: BRIGANAND GANGAPERSAUD

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date