2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000008104

Entity Name: TURNBULL BAY COMMUNITY, INC.

Current Principal Place of Business:

3050 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

3050 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 33-1141647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNSON, NOREEN
3050 TURNBULL BAY RD.
NEW SMYRNA BEACH, FL 32168 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: P ( ) Delete
Name: BAKER, ROBERT
Address: 2245 TURNBULL BAY RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete
Name: BROWNSON, NOREEN
Address: 3050 TURNBULL BAY RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S ( ) Delete
Name: STRAHMAN, PEG
Address: 1569 LEWIS LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TRES ( ) Delete
Name: STRAHMAN, PEG
Address: 1569 LEWIS LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: HIMEL, JANE
Address: 3019 TURNBULL BAY RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: PEG STRAHMAN TREA 04/28/2009
Electronic Signature of Signing Officer or Director — Date