2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N33741

1. Entity Name
TURNBURY HOMEOWNERS ASSOCIATION OF NAPLES, INC.

Principal Place of Business	Mailing Address
227 CHANNING CT NAPLES, FL 34110	227 CHANNING CT NAPLES, FL 34110

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03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0180675
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARAS, LORI
227 CHANNING CT
NAPLES, FL 34110

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000874075
04/10/08-80104-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PACETTI, KEVIN
STREET ADDRESS	215 CHANNING CT
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VD
NAME	CHAMPION, TRIPP
STREET ADDRESS	415 ASHBURY WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	MITCHEL, AMY
STREET ADDRESS	392 ASHBURY WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	SD
NAME	CARAS, LORI
STREET ADDRESS	227 CHANNING CT
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	SWART, NANCY
STREET ADDRESS	239 CHANNING CT
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lori L. Caras Secretary 3-28-08 239-596-1387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #