2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N33741

Entity Name: TURNBURY HOMEOWNERS ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

227 CHANNING CT
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

227 CHANNING CT
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-0180675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARAS, LORI
227 CHANNING CT
NAPLES, FL 34110 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: PD ( ) Delete
Name: PACETTI, KEVIN
Address: 215 CHANNING CT
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: CHAMPION, TRIPP
Address: 415 ASHBURY WAY
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete
Name: MITCHEL, AMY
Address: 392 ASHBURY WAY
City-St-Zip: NAPLES, FL 34110

Title: SD ( ) Delete
Name: CARAS, LORI
Address: 227 CHANNING CT
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SWART, NANCY
Address: 239 CHANNING CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: WATKINS, MICHAEL
Address: 385 ASHBURY WAY
City-St-Zip: NAPLES, FL 34110

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

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: LORI L. CARAS SD 03/29/2009

Electronic Signature of Signing Officer or Director — Date