

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90002 004 ****61.25

DOCUMENT # N38870

1. Entity Name
TURNBERRY PLACE ASSOCIATION, INC.



Principal Place of Business
**1400 TURNBERRY PL
VENICE, FL 34292 US**

Mailing Address
**1400 TURNBERRY PL
VENICE, FL 34292 US**

50002076



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0202918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GREGORY, GEORGE~~ **SEILER, MILTON**
~~1429 TURNBERRY DR~~ **1424 Turnberry Dr.**
~~VENICE, FL 34292~~ **Venice FL 34292**

**DO NOT WRITE
IN THIS SPACE**

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

Milton Seiler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/2005

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LAWLOR, JANET
1422 TURNBERRY DR
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
COMSTOCK, ED
1470 TURNBERRY DR
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WILSON, BRUCE
1411 TURNBERRY DR
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SEILER, MILTON
1424 TURNBERRY DR
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WOOD, MILDRED
1412 TURNBERRY DR
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHAFFER, JACQUE
1423 TURNBERRY DR
VENICE, FL 34292**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Milton Seiler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2005

Date

941-488-8958

Daytime Phone #