


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # N38870</b> 1. Entity Name TURNBERRY PLACE ASSOCIATION, INC.	
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Principal Place of Business 1400 TURNBERRY PL VENICE, FL 34292 US	Mailing Address 1400 TURNBERRY PL VENICE, FL 34292 US
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**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0202918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SEILER, MILTON 1400 TURNBERRY DR. VENICE, FL 34292	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OECHSLE, MILDRED 1412 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 TREPAINER, RUTH 1436 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**

U00000582103  
01/11/07-80019-003 61.25

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: Milton Seiler, Treasurer **1-8-07 941-488-8958**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #