FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000001509 (8) DOCUMENT #

TURNBERRY CONDOMINIUM ASSOCIATION. INC.

4800 HAW BRANCH RD 4800 HAW BRANCH RD SEBRING FL 33872-4706 SEBRING FL 33872 Date Incorporated or Qualified 03/22/1994 3a. Date of Last Report 03/20/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For NOT APPLICABLE Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name HARRIS, R. GREGORY **B2** Street Address (P.O. Box Number is Not Acceptable) 4800 HAW BRANCH RD 83 SEBRING FL 33872 Zip Code City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE PTD 13 TITLE TITLE HARRIS, R. GREGORY 12 NAME NAME 4800 HAW BRANCH RD 1/3 STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 2 TITLE VSD TITLE HARRIS, ROLAND A 2.2 NAME NAME 4800 HAW BRANCH RD 2.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33872 2,4 DITY-ST-ZIP CITY-ST-ZIP X DELETE Change Addition 3'1 TITLE TOLE NAME REED, ROBIN A 3,2 NAME 4800 HAW BRANCH RD STREET ADDRESS 3.3 STREET ADDRESS SEBRING FL 33872 CITY-\$T-ZIP 3,4. CITY-S1-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE JANES B. HARRIS NAME 4. 2 NAME 4800 HAW BRANCH RO SEBRING, FL. 33812 4,3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-ZIP DELETE Change Addition 5,1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP DELETE Change Addition 6,1 TITLE TITLE 6,2 NAME NAME 6,3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 corpy ation or the neglector or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if principled. Or on an attachment with an address.

15/97

tlachment with an address.

FILED May 20 1997 8:00am Secretary of State

