


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

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90181 034 \*\*\*\*61.25

<b>DOCUMENT # N94000002746</b> 1. Entity Name <b>TURNBURY VILLAGE HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 US</b>	Mailing Address <b>5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 US</b>
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**DO NOT WRITE IN THIS SPACE**

**40050191**



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0509526</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COONEY, COLLEEN CAMPBELL PROPERTY MGMT 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463</b>
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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 \_\_\_\_\_  
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	PD SOFIA, GENE 6120 ROYAL BIRKDALE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERT, EUGENE 6035 ROYAL BIRKDALE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOYNER, COLIN R 6313 SHINNECOCK LANE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULBERTSON, ROGER 6168 ROYAL BIRKDALE DR. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, JOHN 6092 ROYAL BIRKDALE DR. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/28/07</b> <small>Date</small>	<small>Daytime Phone #</small>
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