

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90049 039 \*\*\*\*61.25

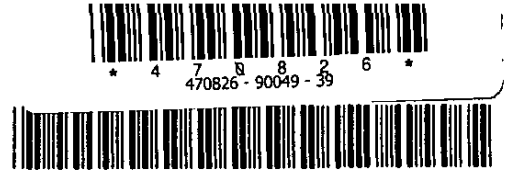
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004365**

1. Corporation Name  
**TURNBERRY AT THE EAGLES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business CARLSON PROPERTY MGMT. 1127 MAIN STREET DUNEDIN FL 34698 US	Mailing Address CARLSON PROPERTY MGMT. 1127 MAIN STREET DUNEDIN FL 34698 US
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2. Principal Place of Business <b>21 2595 Tampa Road</b> Suite, Apt. #, etc. <b>22 Suite H</b> City & State <b>23 Palm Harbor, Fl</b> Zip Country <b>24 34684 25 USA</b>	2a. Mailing Address <b>26 2592 Tampa Road</b> Suite, Apt. #, etc. <b>27 Suite H</b> City & State <b>28 Palm Harbor, Fl</b> Zip Country <b>29 34684 30 USA</b>	3. Date Incorporated or Qualified <b>09/06/1994</b>
		4. FEI Number <b>59-3285820</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>ZSCHAU, JULIUS J</b> <b>JOHNSON, BLAKELY ET AL.</b> <b>911 CHESTNUT STREET</b> <b>CLEARWATER FL 34616</b>	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td><b>FL</b></td> </tr> <tr> <td>85 Zip Code</td> <td></td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	<b>FL</b>	85 Zip Code	
81 Name											
82 Street Address (P.O. Box Number is Not Acceptable)											
83											
84 City	<b>FL</b>										
85 Zip Code											

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD John Sellinger</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIKORSKI, FRED</b>	1.2 NAME	<b>Sellinger, John</b>
STREET ADDRESS	<b>311 PARK PLACE BLVD., SUITE 600</b>	1.3 STREET ADDRESS	<b>311 Park Place Blvd. Ste 600</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34619</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMAN, LONNIE</b>	2.2 NAME	
STREET ADDRESS	<b>311 PARK PLACE BLVD., SUITE 600</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SENKO, DENNIS</b>	3.2 NAME	
STREET ADDRESS	<b>16208 TURNBERRY OAK DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/20/99 1721 796-0911

CR2E037 (1/198)