

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90005 038 ****61.25

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1. Entity Name

TURNBERRY AT THE EAGLES HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

2592 TAMPA RD
 STE H
 PALM HARBOR FL 34684
 US

2592 TAMPA RD
 STE H
 PALM HARBOR FL 34684-3106
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3285820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZSCHAU, JULIUS J
 JOHNSON, BLAKELY ET AL.
 911 CHESTNUT STREET
 CLEARWATER FL 34616

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SELLINGER, JOHN
 STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600
 CITY-ST-ZIP CLEARWATER FL 34619

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME HERMAN, LONNIE
 STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600
 CITY-ST-ZIP CLEARWATER FL

TITLE STD Change Addition
 NAME Floyd, Larry
 STREET ADDRESS 311 Park Place Blvd. Suite 600
 CITY-ST-ZIP Clearwater, Fl. 33759

TITLE D Delete
 NAME SENKO, DENNIS
 STREET ADDRESS 16208 TURNBERRY OAK DRIVE.
 CITY-ST-ZIP ODESSA FL 33556

TITLE Change Addition
 NAME Crall, Kara
 STREET ADDRESS 311 Park Place Blvd. Suite 600
 CITY-ST-ZIP Clearwater, Fl. 33759

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #