

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004365

FILED
Apr 11, 2007
Secretary of State

Entity Name: TURNBERRY AT THE EAGLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11902 RACE TRACK ROAD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

11902 RACE TRACK ROAD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-3285820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PROPERTY GROUP OF CENTRAL FLORIDA, INC
11902 RACE TRACK ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CALIRI, ROB
Address: 16440 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DT () Delete
Name: LUPIA, DIANE
Address: 12616 PORTMARNOCHE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DVP () Delete
Name: PEARSON, MARIE
Address: 16442 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DS () Delete
Name: JENSEN, OSWALD
Address: 16418 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: HOLBROOK, BOBBY
Address: 12603 POTMARNOCHE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: ACTON, CAROLYN
Address: 12621 PORTMARNOCHE DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB CALIRI

DP

04/11/2007

Electronic Signature of Signing Officer or Director

Date