

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90032 046 \*\*\*\*61.25

**DOCUMENT # N94000004736**

1. Entity Name  
**TURNBULL BAY COUNTRY CLUB ESTATES  
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2756 TURN BULL ESTATES DR  
NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**P O BOX 0502  
NEW SMYRNA BEACH, FL 32170-0502**

**60000864**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-6971463**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**PETERSON, SID C JR  
418 CANAL ST  
NEW SMYRNA BEACH, FL 32168**

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. 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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME BLINE, CRAIG  
STREET ADDRESS 2726 TURNBOLL ESTATES DR  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE T ☐ Delete  
NAME SWORTWOOD, MICHAEL L  
STREET ADDRESS 2714 TURNBULL ESTATES DR.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☐ Delete  
NAME HOSTELLER, JIM  
STREET ADDRESS 2760 TURNBULL ESTATES DR  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE S ☒ Delete  
NAME GROVE, KAREN  
STREET ADDRESS 2853 TURNBULL ESTATES DR.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☒ Delete  
NAME TENNISON, ORIN  
STREET ADDRESS 2732 TURNBULL ESTATE DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *Genie FRANKLIN - Secretary*  
STREET ADDRESS *1848 Turnbull Lakes DR*  
CITY-ST-ZIP *New Smyrna Beach, FL 32168*

TITLE ☐ Change ☒ Addition  
NAME *Alan KLINDT - Director*  
STREET ADDRESS *2809 Turnbull Cove DR.*  
CITY-ST-ZIP *New Smyrna Beach, FL 32168*

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 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*michael L Swortwood 1/6/2006 386-426-8638*