

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90029 034 \*\*\*\*61.25

<b>DOCUMENT # N94000004736</b>					
<b>1. Entity Name</b> TURNBULL BAY COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2766 TURN BULL ESTATES DR NEW SMYRNA BEACH, FL 32168			<b>Mailing Address</b> P O BOX 0502 NEW SMYRNA BEACH, FL 32170-0502		
<b>2. Principal Place of Business - No P.O. Box #</b> 2714 Turnbull Est. Dr.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-6971463	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  PETERSON, SID C JR 418 CANAL ST NEW SMYRNA BEACH, FL 32168			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PRESIDENT	<b>NAME</b> SWORTWOOD, MICHAEL L		<b>TITLE</b> PRESIDENT	<b>NAME</b> SWORTWOOD, MICHAEL L	
<b>STREET ADDRESS</b> 2714 TURNBULL ESTATES DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168		<b>STREET ADDRESS</b> 2714 TURNBULL ESTATES DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168	
<b>TITLE</b> D	<b>NAME</b> HOSTELLER, JIM		<b>TITLE</b> DIRECTOR	<b>NAME</b> MARIE LANE	
<b>STREET ADDRESS</b> 2760 TURNBULL ESTATES DR	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168		<b>STREET ADDRESS</b> 1828 TURNBULL LAKES DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168	
<b>TITLE</b> S	<b>NAME</b> FRANKLIN, GENIE		<b>TITLE</b> VICE PRESIDENT	<b>NAME</b> KLINDT, ALAN	
<b>STREET ADDRESS</b> 1848 TURNBULL LAKES DR	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168		<b>STREET ADDRESS</b> 2809 TURNBULL COVE DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168	
<b>TITLE</b> VICE PRESIDENT	<b>NAME</b> KLINDT, ALAN		<b>TITLE</b> VICE PRESIDENT	<b>NAME</b> KLINDT, ALAN	
<b>STREET ADDRESS</b> 2809 TURNBULL COVE DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168		<b>STREET ADDRESS</b> 2809 TURNBULL COVE DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168	
<b>TITLE</b> VICE PRESIDENT	<b>NAME</b> KLINDT, ALAN		<b>TITLE</b> VICE PRESIDENT	<b>NAME</b> KLINDT, ALAN	
<b>STREET ADDRESS</b> 2809 TURNBULL COVE DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168		<b>STREET ADDRESS</b> 2809 TURNBULL COVE DR.	<b>CITY - ST - ZIP</b> NEW SMYRNA BEACH, FL 32168	
<b>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 information.</b>					
<b>SIGNATURE:</b> _____ MICHAEL L. SWORTWOOD			1/10/2007 386-426-8638		