

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004011 (1)

1. Corporation Name
TURNBERRY POINTE AT EASTWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 WEST SR 434, STE 5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified 08/18/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-3359976 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BENGE, TONY M JR
316 E. PINE STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC
83 2180 WEST SR 434 SUITE 5000
84 City LONGWOOD FL 85 Zip Code 32779

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 *[Signature]* Agent 2/26/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENGE, TONY M JR	
STREET ADDRESS	316 E. PINE STREET	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONWAY, RAYMOND G	
STREET ADDRESS	316 E. PINE STREET	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WARLICK, THOMAS H	
STREET ADDRESS	316 E. PINE STREET	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD THOMAS WARLICK
2.3 STREET ADDRESS	14 E. WASHINGTON STREET, STE 500
2.4 CITY - ST - ZIP	ORLANDO, FL 32802
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD DAVID MCCUMBER
3.3 STREET ADDRESS	316 EAST PINE STREET
3.4 CITY - ST - ZIP	ORLANDO, FL 32801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 3/25/96 967-811-0800 DATE Daytime Phone #

CR2E037 (12/95)