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

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## N95000004011 (1) DOCUMENT #

TURNBERRY POINTE AT EASTWOOD HOMEOWNERS ASSOCIAT ION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434, STE 5000

2180 WEST SR 434, STE 5000

## **FILED** May 09 1997 8:00am Secretary of State



| LONGWOOD FL 32779-5044 |  | LONGWOOD FL 32779-5044 |                |                    |                                       |  |            |                        |   |
|------------------------|--|------------------------|----------------|--------------------|---------------------------------------|--|------------|------------------------|---|
|                        |  |                        |                |                    |                                       | 3. Date Incorporated or Qualified 08/18/1995   |            | te of Last<br>15/01/19 |   |
| 2. Principal P         | lace of Business                                   | 2a. Mailing Address    |                |                    | 4. FEI Number                         |  | P          | Applied For            |   |
| 21                     |  | 26                     |                |                    |                                       | 59-3359976   | 1          | Not Applicable         |   |
| Suite, Apt.            | #, etc.  | Suite, Apt. #, etc.    |                |                    | 5. Certificate of Status Desired      |  | •          | Additional<br>Required |   |
| City & State           | 9  | City & State           |                |                    |                                       | Election Campaign Financing Trust Fund Contribution                                    |            |                        | May Be                                  |
| Zip                    | Country  | Zip                    | Cou            | intry              |                                       | 8. This corporation has liability for i  | ntanoible  |                        |   |
| 24                     | 25   | 29                     | 30             |                    |                                       | _  | 1 -        | ] No                   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                        | 9. Name and Address of Currer                      | nt Registered Agent    |                |                    |                                       | 10. Name and Address of New Re-  | gistered / | Agent                  |   |
|                        |  |                        |                | 81                 | Name                                  |  |            |                        |   |
| AL. TRAH               | IMES W JR.   |                        |                | 82                 | Stroot Add                            | Iress (P.O. Box Number is Not Acceptab   | (6)        |                        |   |
|                        | MANAGEMENT INC.                                    |                        | 82 Street Addr |                    |                                       | ress (F.O. Box Number is Not Acceptab  | le)        |                        |   |
|                        | ST SR 434, SUITE 5000                              |                        |                | 83                 |                                       |  |            |                        |   |
|                        | OD FL 32779  |                        |                |                    |                                       |  |            |                        |   |
| LUNGWU                 | NOD I'L SELLA                                      |                        |                | 84                 | City                                  |  | FL         | <b>85</b> Zip          | Code                                    |
| SIGNATURE              |  |                        |                |                    |                                       | poration submits this statement for the p<br>tion's board of directors. I hereby accep | t the app  | ointment a             | s registered                            |
|                        | Signature, typed or printed name of registered age |                        |                | d Age              | nt signature requ                     | ired when reinstating)   | DATE       |                        |   |
| 12.                    |  | D DIRECTORS            | 13.            |                    |                                       | ADDITIONS/CHANGES TO OFFIC   | ERS AND    |                        |   |
| TITLE                  | PD   | ☐ DELETE               | 1.1 10         |                    |                                       |  |            | ☐ Change               | Addition                                |
| NAME                   | BENGE, TONY M JR                                   |                        | 1,2 NA         | AME                | -                                     |  |            |                        |   |
| STREET ADDRESS         | 316 E. PINE STREET                                 | =                      |                | 1,3 STREET ADDRESS |                                       |  |            |                        |   |
| CITY-ST-ZIP            | ORLANDO FL 32801                                   |                        |                | 1,4 CITY-ST-ZIP    |                                       |  |            |                        |   |
| TITLE                  | D  | K DELETE               |                | 2.1 TITLE          |                                       |  |            | Change                 | Addition                                |
| NAME                   | CONWAY, RAYMOND G                                  |                        | 2.2 N          |                    |                                       |  |            |                        |   |
| STREET ADDRESS         | 316 E. PINE STREET                                 |                        | 2,3 \$         |                    | ADDRESS                               |  |            |                        |   |
| CITY-ST-ZIP            | ORLANDO FL 32801                                   |                        | 2,40           |                    | T- ŽIP                                |  |            |                        |   |
| TITLE                  | STD X DELETE                                       |                        |                | 3.1 TITLE          |                                       |  |            | ☐ Change               | Addition                                |
| NAME                   | WARLICK, THOMAS H                                  |                        | 3,2 N/         | AME                |                                       |  |            |                        |   |
| STREET ADDRESS         | 316 E. PINE STREET                                 |                        | 3.3 \$1        | TREET.             | ADDRESS                               |  |            |                        |   |
| CITY-ST-ZIP            | ORLANDO FL 32801                                   |                        | 3,4. C         | ITY-S              | T-ZIP                                 |  |            |                        |   |
| TITLE                  | VD   | ☐ DELETE               | 4,1 TI         | TLE                |                                       |  |            | Change                 | Addition                                |
| NAME                   | WARLICK, THOMAS                                    |                        | 4, 2 N         | IAME               |                                       |  |            |                        |   |
| STREET ADDRESS         | 14 E. WASHINGTON STREET,                           | STE 500                | 4.3 S1         | TREE1.             | ADDRESS                               |  |            |                        |   |
| CITY-ST-ZIP            | ORLANDO FL   |                        | 4,4 CI         | TY-\$1             | T- <b>Z</b> (P                        |  |            |                        |   |
| TITLE                  | STD  | ☐ DELETE               |                | 5.1 TITLE          |                                       |  |            | Change                 | Addition                                |
| NAME                   | MCCUMBER, DAVID                                    |                        | 5,2 N/         | AME                |                                       |  |            |                        |   |
| STREET ADDRESS         | 316 EAST PINE STREET                               |                        | 5,3 \$1        | TREET.             | ADDRESS                               |  |            |                        |   |
| CITY-ST-ZIP            | ORLANDO FL   |                        | 5,4 CI         | TY-\$1             | T- ZIP                                |  |            |                        |   |
| TITLE                  |  | DELETE                 | 6.1 TI         |                    |                                       |  |            | Change                 | Addition                                |
| NAME                   |  |                        | 6,2 N/         | AME                |                                       |  |            |                        |   |
| STREET ADDRESS         |  |                        | 6.3 S1         | TREET .            | ADDRESS                               |  |            |                        |   |
| CITY-ST-ZIP            |  |                        |                | TY-\$1             |                                       |  |            |                        |   |
| 33 6 ( )               |  |                        |                |                    | · · · · · · · · · · · · · · · · · · · | 11: 0 - 12: 440.07(0)(1) 5: 11: 0: 11:   |            |                        |   |

I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

TONY M. BENGE JR