

**NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

94502

DOCUMENT # N9500004011  
 1. Entry Name  
 Turnberry Pointe at Eastwood Homeowners Assn.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 444 W. New England Ave. Suite, Apt. #, etc. Suite B City & State Winter Park, FL Zip 32789 Country		3. Mailing Address 444 W. New England Ave. Suite, Apt. #, etc. Suite B City & State Winter Park, FL Zip 32789 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3359976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	Tom Malcom		
Street Address (P.O. Box Number is Not Acceptable)	444 W. New England Ave.		
	Suite B		
City	Winter Park	FL	Zip Code 32789

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.

SIGNATURE: *Thomas D. Malcom* DATE: 4/17/02

Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when filing statement)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Moody, Carrie 13353 Lake Turnberry Cir. Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wilson, Danny 13384 Lake Turnberry Cir. Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Adams, Charles 133455 Lake Turnberry Cir. Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Grinshaw, James 13414 Lake Turnberry Cir. Orlando, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Horning, Dean 13376 Lake Turnberry Cir. Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), 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 on an attachment with an address and all other like employment.

SIGNATURE: *Carrie Moody* DATE: 4-18-02 401-208-1671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)