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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000001366 (1)**

1. Corporation Name

TURNING HAWK RANCH UNIT 2 HOMEOWNERS ASSOCIATION , INC.

[redacted]

Principal Place of Business	Mailing Address
2100 SE 17TH STREET SUITE 300 OCALA FL 34471	2100 SE 17TH STREET SUITE 300 OCALA FL 34471-4155

3. Date Incorporated or Qualified: 03/07/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6401 S W 87 Avenue	26 6401 S W 87 Avenue
Suite, Apt. #, etc.: 22 212	Suite, Apt. #, etc.: 27 212
City & State: 23 Miami, FL	City & State: 28 Miami, FL
Zip: 24 33173 Country: 25 USA	Zip: 29 33173 Country: 30 USA

4. FEI Number: 65-0729621 ☐ 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

MCKEEVER, JOHN P
2100 SE 17TH STREET
SUITE 300
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEVENSTEIN, LEONARD L		12 NAME		
STREET ADDRESS	6401 SW 87TH AVENUE STE 212		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		14 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MCKEAN, RANDOLPH A		22 NAME		
STREET ADDRESS	6401 SW 87TH AVENUE STE 212		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LANE, GLENN E		32 NAME		
STREET ADDRESS	3931 SW COLLEGE ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. 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 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 [illegible] agent with an address.

SIGNATURE: [signature] 2/24/97 305-270-0880