NONPROFIT ~ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harriš

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600001366

TURNING HAWK RANCH UNIT 2 HOMEOWNERS ASSOCIATION , INC.											
Principal Plac	e of Business	Mailing Address									
6401 S W 87	AVENUE	6401 S W 87 AVENUE				111001811	HI (ANN DAN DAN	<b>10</b> 08 <b>10</b> 00 <b>1</b> 000 .	ERANT PERMANENTAL E	HI	
212 212											
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03											
2. Principal P	Mace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed					
21	igo or Businuss	26				03/07/1996					ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			Ac	plied For	]
22		27				65-07296	21		No	t Applicable	<u>.</u>
City & Stat	le	City & State				=5. Certificate of	Sletic Desire			Additional	-
23		28				- Coluicate of			Fee Re	equired	1
Zip	Country	Zip	Cou	intry		6. Election Car		ing _	\$5.00		_
24	25	29	30				Contribution		- Adděd	to Fees	[
	9. Name and Address of Current	Registered Agent		04	<u> </u>	10. Name and	Address of Ne	w Registered	3 Agent		1
				81	Name						
MCKEEVE	ER, JOHN P			82	Street Add	dress (P.O. Box Num	ber is Not Acc	eptable)			
2100 SE 17TH STREET				83				<del></del>		_	ł
SUITE 300				0.3				:			
OCALA FL 34471				84	City			F	85 Zip (	Code	
11 Dumunni	to the provisions of Sections 617 0500	and 617 1508 Florida Statu	tes the a	bove-r	named cor	poration submits this	statement for	the purcose of	f changing its	registered .	l
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was lons of, Section 617.0503, Fi	authorized orida Stat	by thutes.	e corpora	tion's board of directo	ors. I hereby a	ccept the appo	ointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and left of applicables (NOT	E. Danistared	Agent a	inceture motif	red when reinstating)		DATE			: ا
12.	OFFICERS AND		13.				CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
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14. I 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 supplied enter an an officer or director of the corporation of the corp

SIGNATURE: >

SIGNATURE REQUIRED SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAND OFFICER ON DIRECTOR

01/08/99

305-274-1742

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

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