
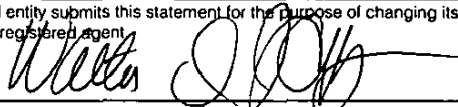
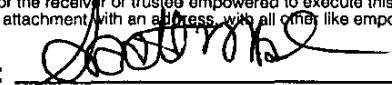


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 014 ****61.25

DOCUMENT # N96000002209 1. Entity Name TURNBERRY OWNERS ASSOCIATION, INC.					
Principal Place of Business 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US			Mailing Address 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US		
2. Principal Place of Business 12273 U.S. Hwy 98 Suite, Apt. #, etc. Suite 208 City & State Destin Florida Zip 32550		3. Mailing Address 12273 U.S. Hwy 98 Suite, Apt. #, etc. Suite 208 City & State Destin Florida Zip 32550		4212006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3387580		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550	
7. Name and Address of New Registered Agent Name: Walter D. Scott Street Address (P.O. Box Number is Not Acceptable) 12273 U.S. Hwy 98, Suite 208 City: Destin FL Zip Code: 32550				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4-24-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILKIN, HOWARD 475 HUNTERS CROSSING DRIVE ATLANTA, GA 30328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DALRI, JOHN 3806 SHADY MEADOW DR GRAPEVINE, TX 76051	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHIE, BRIAN S 23 OLD TRAM RD MOULTRIE, GA 31768	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FARRUGIA, CHRIS 4510 BAYBROOK DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					