

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 25, 2009**  
**Secretary of State**

DOCUMENT# N96000002210

**Entity Name:** TURNBERRY VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US**New Principal Place of Business:****Current Mailing Address:**215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US**New Mailing Address:****FEI Number:** 59-3387582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHIPMAN, GARY A  
1414 COUNTY HIGHWAY 283 SOUTH  
STE. B  
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** TAYLOR, DON  
**Address:** 1465 BAYTOWNE AVE E  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US**Title:** DST ( ) Delete  
**Name:** WRIGHT, ALAN  
**Address:** 3735 TANGLEWOOD CT  
**City-St-Zip:** ANN ARBOUR, MI 48105 US**Title:** D ( ) Delete  
**Name:** PARKS, BARRY  
**Address:** 4318 CARRIAGE LN  
**City-St-Zip:** DESTIN, FL 32541 US**Title:** D ( ) Delete  
**Name:** SHARP, NICOLE  
**Address:** 8553 TURNBERRY CT  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US**Title:** DV ( ) Delete  
**Name:** WILSON, TOM  
**Address:** 8553 TURNBERRY CT  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** TAYLOR, DON  
**Address:** 1465 BAYTOWNE AVE E  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US**Title:** DST (X) Change ( ) Addition  
**Name:** CROWELL, TIMOTHY C  
**Address:** 8546 TURNBERRY CT  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US**Title:** DV (X) Change ( ) Addition  
**Name:** PARKS, BARRY  
**Address:** 4318 CARRIAGE LN  
**City-St-Zip:** DESTIN, FL 32541 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DP (X) Change ( ) Addition  
**Name:** WILSON, TOM  
**Address:** 8553 TURNBERRY CT  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US**Title:** D ( ) Change (X) Addition  
**Name:** FUDER, EDWIN DR  
**Address:** 2480 SUNSET BLUFF DR  
**City-St-Zip:** HOLLAND, MI 49424 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY CROWELL

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04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date