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

FILED

DOCUMENT # N9700006333 (5) 1. Entity Name TURNBERRY ASSOCIATION, INC.		02 APR 11 AM 10: 13 SECREWRY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPA	\CE			
2. Principal Place of Business 2453 So. Third Street 2453 So. Thir	d Street		ä	
Suite, Apt. #, etc. Suite, Apt. #, etc.		, DO NOT V	VRITE IN THIS SPACE	
City & State Jacksonville Beach, FLJacksonville	Beach, FL	4. FEI Number 59 – 3479118	Applied For Not Applicable	
Zip Country Zip - 32250 Duval 32250	Country Duval	5. Certificate of Status Desire	\$9.75 Additional	
		7. Name and Address of Curr	rent Registered Agent	
DO NOT WRITE	James	s N. McGarvey P.S.Box Numberiska Assen	. Jr.	
IN THIS SPACE	`			
City Jacksonville Beach, FL 32250				
8. The above named entity submits this statement for the purpose of changing its region.	istered office or register	ed agent, or both, in the state o	f Florida.	
fu // M J	/		3/15/02	
SIGNATURE Signature, which or printed name of registered agent and title if applicable. (NOTE: Reg. James N. McGarvey, Jr.	gistered Agent signature required	when reinstating)	DATE	
FEE IS \$61.25 9. Election Campaig Initial or Amended UBR Trust Fund Contr		\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS	11			
2455 SO. Inite Bereet	NAME STREET ADDRESS CITY-ST-ZIP	-[05326608\$ 94/23/0201061005 *****61.25 *****61.28	
TITLE DVS NAME Patricia H. Kelley STREET ADDRESS 2453 So. Third Street	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE DT	TITLE	sometimes and the second second	stant to commence the state of	
STREET ADDRESS 2453 So. Third Street	STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE	
NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS	SPACE	
NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADO	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my story of the corporation or the receiver or trustee empowered to execute this report as attachment with an address. with all other like empowered.	anature shall have the s	same legal effect as if made und	ier oath: that I am an officer or director	
SIGNATURE: James N. YPEQ OF PRINTED NAME OF SIGNING OFFICER OR DI	RECTOR	3/15/ 02	904-247-9160 Daytima Phone #	

NOT-FOR-PROFIT CORPORATION

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		SECRETARY OF STATE		
	. ,	TALLAHASSEE, FLORIDA		
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Suite, Apt. #, etc. Suite, Apt. #.		DO NOT WRITE IN THIS SPA	. · CE	
City & State City & State Tacksony illo Boach ET Tacksony	ville Deceb Dr	4. FEI Number	Applied For	
Jacksonville Beach, FLJacksonv	Country Country	57-3479110	Not Applicable	
32250 Duval 32250	Duval	Fee	75 Additional Required	
	Name .	7. Name and Address of Current Registered Ag	ent	
DO NOT WRITE	Street Additions	s N. McGarvey, Jr. P. 8 80x Nummais Not Assemble t		
IN THIS SPACE	2433	so. Initia street	-	
	City _		Zin Code	
A The above named entity submits this statement for the avecase of the	Jack		32250	
8. The above named entity submits this statement for the purpose of char	iging its registered office or register	ed agent, or both, in the state of Florida.		
SIGNATURE	_ / / ス	3/15/02		
Signature rayled or printed name of registered agent and tide if applicable. James N. McGarvey, Jr.	(NOTE: Registered Age it signature required		 .	
では、100mmの 100mmである。	tion Campaign Financing		AN AT . TO	
	Fund Contribution.	\$5.00 May Be Added to Fees Department o		
10. OFFICERS AND DIRECTORS			Marie of The Barrell	
IIIL DP	TITLE NAME		10/2	
James N. McGarvey, Jr. 2453 So. Third Street	STREET ADDRESS	700005328 04/23/02	5 61 76-78 -01061004@	
Jacksonville Beach, FL 3			*****61.	
NAME Patricia H. Kelley	TITLE		CR2E	
STREET ADDRESS 2453 So. Third Street	STREET ADDRESS			
Jacksonville Beach, FL 3	2250 CITY-ST-ZIP			
NAME Dinah K. Herring	NAME			
2453 So. Third Street	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	=	
Jacksonville Beach, FL 3	TITLE			
NAME STREET ADDRESS	NAME-	IN THIS SPACE	•	
CITY-ST-ZIP	STREET ADDRESS			
TITLE NAME	TITLE			
STREET ADDRESS	NAME STREET ADDRESS			
CITY-ST-ZIP	CPTY+ST-ZIP			
NAME -	TITLE :			
STREET AUDRESS	STREET ADDRESS			
12 hereby certify that the information are all of with this strength	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not que indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this attachment with an address, with all other like empowered.	uny for the exemption stated in Sect that my signature shall have the sa report as required by Chapter 617	ion 119.07(3)(i). Florida Statutes. I further certify tha ime legal effect as if made under oath; that I am an 7, Florida Statutes; and that my name appears in B	it the information. officer or director lock 10 or on an	