


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90022 008 \*\*\*\*61.25

**DOCUMENT # N97000006333**

1. Entity Name  
**TURNBERRY ASSOCIATION, INC.**




Principal Place of Business  
**MAY MANAGEMENT SERVICES INC**  
**475 WEST TOWN PLACE SUITE 116**  
**SAINT AUGUSTINE, FL 32092**

Mailing Address  
**475 WEST TOWN PLACE**  
**SUITE 116**  
**SAINT AUGUSTINE, FL 32092**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3479118**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MAY MANAGEMENT SERVICES, INC**  
**475 WEST TOWN PLACE**  
**SUITE 116**  
**SAINT AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOMPARE, DENNIS	
STREET ADDRESS	208 EDGE OF WOODS RD.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOLAN, PAT	
STREET ADDRESS	805 MARIAM ELIAS WAY	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILIN, JOHN	
STREET ADDRESS	309 EDGE OF WOODS RD.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** Dennis D. Kompare **DENNIS D. KOMPARE** 3/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #