


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90090 013 ****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 US

Mailing Address
C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

40031557



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

Zip Country

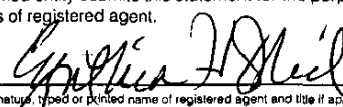
4. FEI Number
59-3479118

Applied For
 Not Applicable

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
MAY MANAGEMENT SERVICES
 Street Address (P.O. Box Number is Not Acceptable)
5455 US HWY A1A SOUTH
 City
ST. AUGUSTINE, FL Zip Code
32080

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  **CYNTHIA O'NEIL** 2/28/06
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, 2006

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	NAME KOMPARE, DENNIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 208 EDGE OF WOODS RD.	CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	
TITLE VD	NAME LEGALL, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 109 EDGE OF WOODS ROAD	CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	
TITLE STD	NAME LONG, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 398 EDGE OF WOODS ROAD	CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	
TITLE D	NAME TALBERT, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 321 EDGE OF WOODS ROAD	CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	
TITLE D	NAME KOONIN, MARSHALL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 285 EDGE OF WOODS ROAD	CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HANCHARIK, DIANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1271 PARADISE POND RD	CITY-ST-ZIP ST. AUGUSTINE, FL 32092	
TITLE VD	NAME TALBERT, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 321 EDGE OF WOODS RD	CITY-ST-ZIP ST. AUGUSTINE, FL 32092	
TITLE STD	NAME JENRETTE, MARDEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 700 MERRYWOOD LANE	CITY-ST-ZIP ST. AUGUSTINE, FL 32092	
TITLE SD	NAME FREED, AUDREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 804 MARIAM ELISAS WAY	CITY-ST-ZIP ST. AUGUSTINE, FL 32092	
TITLE D	NAME KOONIN, MIKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 285 EDGE OF WOODS	CITY-ST-ZIP ST. AUGUSTINE, FL 32092	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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:  **MARDEE JENRETTE** 3/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #