

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006333

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

MAY MANAGEMENT SERVICES INC  
475 WEST TOWN PLACE SUITE 112  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3479118      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES  
5455 A1A S  
SAINT AUGUSTINE, FL 32080 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: D  
Name: RANKIN, EUGENE  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P  
Name: YORIO, CHARLES  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP  
Name: TALBERT, MICHAEL  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST  
Name: JAMES, ROLF  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D  
Name: JENRETTE, MARDEE  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: ROLF JAMES

ST

02/08/2011

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

\_\_\_\_\_  
Date