

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90132 007 ****61.25

0005185

DOCUMENT # N97000006333

1. Entity Name

TURNBERRY ASSOCIATION, INC.



Principal Place of Business

**2453 SO. THIRD STREET
JACKSONVILLE BEACH FL 32250**

Mailing Address

**2453 SO. THIRD STREET
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

MAY Management Services, Inc.
Suite, Apt. #, etc.

475 West Town Place, Suite 116

City & State
St. Augustine, FL

Zip
32092

Country
U.S.A.

3. Mailing Address

475 West Town Place

Suite, Apt. #, etc.
Suite 116

City & State
St. Augustine, FL

Zip
32092

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3479118**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGARVEY, JAMES N JR
2453 SOUTH THIRD ST.
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **MAY MANAGEMENT SERVICES, INC**
Street Address (P.O. Box Number is Not Acceptable)

475 West Town Place, Suite 116
City **St. Augustine** FL Zip Code **32092**

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

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	MCGARVEY, JAMES N JR	2453 SOUTH THIRD ST.	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/>
DVS	KELLEY, PATRICIA H	2453 SOUTH THIRD ST.	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/>
DT	HERRING, DINAH K	2453 SOUTH THIRD ST.	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Dennis Kompare	208 Edge of Woods Rd.	St. Augustine, FL 32092	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Pat Nolan	805 Marjorie Elias Way	St. Augustine, FL 32092	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	John Schilin	309 Edge of Woods Rd.	St. Augustine, FL 32092	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE: Dennis Kompare

CR2E037 (10/02)