2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N98000000983

Entity Name: TURNBURY WOOD AT TAMPA PALMS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

15310 AMBERLY DRIVE
SUITE 220
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15310 AMBERLY DRIVE
SUITE 220
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3506961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTTRELL, SCOTT
15310 AMBERLY DRIVE
SUITE 220
TAMPA, FL 33647 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 ( ) Delete
Name: LUTTRELL, SCOTT
Address: 15310 AMBERLY DRIVE SUITE 220
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: BENSON, SHERI
Address: 15310 AMBERLY DRIVE SUITE 220
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: BROWNLEE, DAVID A
Address: 15310 AMBERLY DR. SUITE 220
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete
Name: AKE, MICHAEL K
Address: 15310 AMBERLY DR SUITE 220
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: D. SCOTT LUTTRELL D 04/24/2008

Electronic Signature of Signing Officer or Director — Date