

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90015 022 ****61.25

DOCUMENT # N99000003154

1. Entity Name

**GOLF VILLAS AT TURNBULL BAY I CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 373
NEW SMYRNA BEACH FL 32170

P.O. BOX 373
NEW SMYRNA BEACH FL 32170

44051000



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3606971

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75. Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDSMITH, MARY JO
1807 TURNBULL LAKES DRIVE
NEW SMYRNA BEACH FL 32168**

Name

Irene Spatz

Street Address (P.O. Box Number is Not Acceptable)

1815 Turnbull Lakes Drive

City

New Smyrna Beach FL

Zip Code

32168

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.

Irene Spatz

(NOTE: Registered Agent signature required when reinstating)

7-29-04

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **GOLDSMITH, MARY JO**
STREET ADDRESS **1807 TURNBULL LAKES BR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **President** ☐ Change ☒ Addition
NAME **Philip Stermer**
STREET ADDRESS **138 Turnbull Villas Circle**
CITY-ST-ZIP **New Smyrna Beach FL 32168**

TITLE **V** ☒ Delete
NAME **MERCURIO, DOMINIC**
STREET ADDRESS **144 TURNBULL VILLAS CIRCLE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Irene Spatz**
STREET ADDRESS **1815 Turnbull Lakes Drive**
CITY-ST-ZIP **New Smyrna Beach FL 32168**

TITLE **T** ☐ Delete
NAME **MORANO, JEAN**
STREET ADDRESS **140 TURNBULL VILLAS CIRCLE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Jean Morano Jean Morano

7-29-04

386-426-5954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #