

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90054 041 ****61.25

DOCUMENT # N99000003154					
1. Entity Name GOLF VILLAS AT TURNBULL BAY I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 373 NEW SMYRNA BEACH, FL 32170			Mailing Address P.O. BOX 373 NEW SMYRNA BEACH, FL 32170		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3606971	
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		
SPATZ, IRENE 1815 TURNBULL LAKES DR NEW SMYRNA BEACH, FL 32168			Name <u>Jean Morano</u> Street Address (P.O. Box Number is Not Acceptable) <u>140 Turnbull Villas Circle</u> City <u>New Smyrna Beach</u> FL Zip Code <u>32165</u>		
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 <u>Jean Morano</u> DATE <u>3-12-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐ \$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 NAME STERMER, PHILIP STREET ADDRESS 138 TURNBULL VILLAS CIRCLE CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE V NAME MERCURIO, DOMINIC STREET ADDRESS 1815 TURNBULL LAKES DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE T NAME MORANO, JEAN STREET ADDRESS 140 TURNBULL VILLAS CIRCLE CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: <u>Jean Morano</u> <u>Jean Morano</u> <u>X</u> <u>3-12-05</u> <u>386-</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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