

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 017 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3606971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORANO, JEAN
140 TURNBULL VILLAS CIRCLE
NEW SMYRNA BEACH FL 32168

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME
STREET ADDRESS
CITY ST ZIP
P
MERCURIO, DOMINIC
144 TURNBULL VILLAS CIRCLE
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
ROBERTSON, WILLIAM
106 TURNBULL VILLAS CIRCLE
NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
Loetterle, Richard
134 Turnbull Villas Circle
New Smyrna Beach, FL 32168 ☒ Change ☐ Addition

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MORANO, JEAN
140 TURNBULL VILLAS CIRCLE
NEW SMYRNA BEACH FL 32168 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jeane Morano

3-12-07

386-426-5954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #