2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N99000003154

Entity Name: GOLF VILLAS AT TURNBULL BAY I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ATLANTIC COMM ASSOC MGMT, INC.
507-C HEBERT ST.
PORT ORANGE, FL 32129

New Principal Place of Business:

C/O ATLANTIC COMM ASSOC MGMT, INC.
507-C HEBERT STREET
PORT ORANGE, FL 32129

Current Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT, INC.
507-C HEBERT ST.
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3606971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, MARGARET R
138 TURNBULL VILLAS CIR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

REIMER, R.L.
507-C HERBERT STREET
PORT ORANGE, FL 32129 US

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: R.L. REIMER 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORGAN, JANET
Address: 118 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V ( ) Delete
Name: SMITH, JOEL
Address: 104 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete
Name: POWELL, MARGARET
Address: 138 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORGAN, JANET
Address: 118 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD (X) Change ( ) Addition
Name: SHAW, SAUNDRA
Address: 132 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change ( ) Addition
Name: MILLER, STEVEN
Address: 108 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JANET MORGAN PD 04/15/2009
Electronic Signature of Signing Officer or Director Date