

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003154

FILED
Mar 13, 2012
Secretary of State

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

Current Principal Place of Business:

TURNBULL VILLAS CIRCLE / TURNBULL LAKES DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT, INC.
507-C HEBERT STREET
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:

YACEK, RENNY M
507-C HERBERT STREET
PORT ORANGE, FL 32129 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: PD
Name: SMITH, JOEL
Address: 104 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD
Name: WYRUM, AURORA
Address: 124 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD
Name: CASE, SHARON
Address: 128 TURNBULL VILLAS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: D
Name: DEELEY, JAMES
Address: 125 DEERFIELD RUN
City-St-Zip: BOGART, GA 30622

I hereby 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 all other like empowered.

SIGNATURE: JOEL SMITH

PD

03/13/2012

Electronic Signature of Signing Officer or Director

Date