

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90032 018 ****61.25

DOCUMENT # N99000003154

1. Entity Name

GOLF VILLAS AT TURNBULL BAY I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1460 OCEAN SHORE BLVD.
ORMOND BCH FL 32176

Mailing Address

1460 OCEAN SHORE BLVD.
ORMOND BCH FL 32176

2. Principal Place of Business

P.O. Box 373

3. Mailing Address

P.O. Box 373

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

Zip

32170

Country

Volusia

Zip

32170

Country

Volusia

4. FEI Number 59-3606971

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, TYREE F JR.
1460 OCEAN SHORE BLVD.
ORMOND BCH FL 32176

7. Name and Address of New Registered Agent

Name
Mary Jo Goldsmith

Street Address (P.O. Box Number is Not Acceptable)
1807 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 Mary Jo Goldsmith Mary Jo Goldsmith 7-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	PD	☒ Delete
NAME	WILSON, TYREE F JR.	
STREET ADDRESS	7 CIRCLE OAK TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VD	☒ Delete
NAME	HILLMAN, ROBERT L	
STREET ADDRESS	1364 JOHN ANDERSON DR.	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	STD	☒ Delete
NAME	EDDY, RAYMOND	
STREET ADDRESS	45 SETON TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Mary Jo Goldsmith	
STREET ADDRESS	1807 Turnbull Lakes Drive	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	V	☒ Change ☐ Addition
NAME	Dominic Mercurio	
STREET ADDRESS	144 Turnbull Villas Circle	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	T	☒ Change ☐ Addition
NAME	Jean Morano	
STREET ADDRESS	140 Turnbull Villas Circle	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 7-15-03 386-426-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)