2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004348

FILED Apr 30, 2006 Secretary of State

Entity Name: TURNBERRY II (AT SANDESTIN) CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Prince	cipal Place of Business:
215 GRAN SUITE 200 MIRAMAR		2550 US		
Current M	lailing Addres	s:	New Maili	ing Address:
215 GRAN SUITE 200 MIRAMAR		2550 US		
FEI Number	: 59-3607420	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and	l Address of New Registered Agent:
215 GRAN SUITE 200 MIRAMAR) BEACH, FL 3		ourness of changing i	its registered office or registered agent, or bo
	e of Florida.	submits this statement for the p	ourpose or changing i	its registered office of registered agent, or bo
SIGNATUI	RE:			
SIGNATUI		ic Signature of Registered Ago	ent	Date
				Date NS/CHANGES TO OFFICERS AND DIRECT
OFFICER: Title: Name: Address:	Electron S AND DIREC	TORS: Delete DOOVE		
	Electron S AND DIREC P () WILSON, DAVID 2376 FABERT C COLLIERVILLE	Delete COVE TN 38017 US Delete	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECT DP (X) Change () Addition WILSON, DAVID 2376 FABERT COVE
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIREC P () WILSON, DAVIE 2376 FABERT (COLLIERVILLE DV () LESTER, JOE 201 SOUTH JAC TULLAHOMA, T DST () NEIDHAMER, JO 2522 VINEYARI	Delete COVE TN 38017 US Delete CKSON ST N 37388 US Delete OHN	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECT DP (X) Change () Addition WILSON, DAVID 2376 FABERT COVE COLLIERVILLE, TN 38017 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN NEIDHAMER DST 04/30/2006