


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90088 050 ****61.25

DOCUMENT # N99000004348	
1. Entity Name TURNBERRY II (AT SANDESTIN) CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US	Mailing Address 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US
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40014323



2. Principal Place of Business - No P.O. Box # 12815 Highway 98 West Suite, Apt. #, etc. Suite 100 City & State Miramar Beach, FL Zip 32550 Country USA	3. Mailing Address P.O. Box 1779 Suite, Apt. #, etc. City & State Destin, FL Zip 32540 Country USA
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01182007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550	
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7. Name and Address of New Registered Agent Smith, Loretta W CAM Street Address (P.O. Box Number is Not Acceptable) Newman - Oakley Resort Properties 12815 Highway 98 West Suite 100 City Miramar Beach FL Zip Code 32550	
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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: Loretta W Smith, CAM DATE: 1-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, DAVID 2376 FABERT COVE COLLIERVILLE, TN 38017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1336 Legacy Drive Birmingham AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LESTER, JOE <input checked="" type="checkbox"/> Delete 201 SOUTH JACKSON ST TULLAHOMA, TN 37388	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Henderson, Jay 4313 Kandlewood Lane Northport AL 35473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NEIDHAMER, JOHN <input type="checkbox"/> Delete 2522 VINEYARD LN MIRAMAR BEACH, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALRI, JOHN <input type="checkbox"/> Delete 3806 SHADY MEADOW DR GRAPEVINE, TX 76051	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David Wilson DATE: 1/27/07 DAYTIME PHONE: 837-1071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR