

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90026 022 \*\*\*\*61.25

<b>DOCUMENT # N99000004348</b>					
<b>1. Entity Name</b> TURNBERRY II (AT SANDESTIN) CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12815 HWY 98W SUITE 100 MIRAMAR BEACH, FL 32550 US			<b>Mailing Address</b> P.O. BOX 1779 <del>SUITE 200</del> DESTIN, FL 32540 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 1779			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Destin, FL			
Zip	Country	Zip 32540	Country Okaloosa	<b>4. FEI Number</b> 59-3607420	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMITH, LORETTA W CAM NEWMAN- DAILEY RESORT PROPERTIES 12815 HWY 98 W. STE 100 MIRAMAR BEACH, FL 32550			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> WILSON, DAVID <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1336 LEGACY DR.	<b>CITY-ST-ZIP</b> BIRMINGHAM, AL 35242		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> HENDERSON, JAY <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4313 KENDLEWOOD LANE	<b>CITY-ST-ZIP</b> NORTHPORT, AL 35473		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> ST	<b>NAME</b> NEIDHAMER, JOHN <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2522 VINEYARD LN	<b>CITY-ST-ZIP</b> MIRAMAR BEACH, FL 32550		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<b>NAME</b> DALRI, JOHN <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3806 SHADY MEADOW DR	<b>CITY-ST-ZIP</b> GRAPEVINE, TX 76051		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b>			1/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
850-837-1071			Daytime Phone #		