2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004348

FILED Apr 16, 2009 Secretary of State

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

Current P	rincipal Place of Business:	New Principal Place of Business:
12815 HW SUITE 100		12815 HIGHWAY 98 WEST SUITE 100
	BEACH, FL 32550 US	MIRAMAR BEACH, FL 32550 US
Current Mailing Address:		New Mailing Address:
P.O. BOX SUITE 200 DESTIN, F)	P.O. BOX 1779 DESTIN, FL 32540 US
El Number	: 59-3607420 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
NEWMAN 12815 HW MIRAMAR	DRETTA W CAM - DAILEY RESORT PROPERTIES Y 98 W. STE 100 BEACH, FL 32550 US	SMITH, LORETTA W CAM 12815 HIGHWAY 98 WEST SUITE 100 MIRAMAR BEACH, FL 32550 US purpose of changing its registered office or registered agent, or bo
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	e of Florida.	purpose of changing its registered office of registered agent, of bo
n the State		04/16/2009
n the State	e of Florida. Í	04/16/2009
n the State	e of Florida. * RE: _LORETTA SMITH	04/16/2009
n the State	e of Florida. RE: LORETTA SMITH Electronic Signature of Registered Ag	04/16/2009 gent Date
n the State SIGNATUI DFFICER: Title: Jame: Address:	e of Florida. RE: LORETTA SMITH Electronic Signature of Registered Ag S AND DIRECTORS: VP () Delete WILSON, DAVID 1336 LEGACY DR.	gent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
n the State BIGNATUI DFFICER: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	e of Florida. RE: LORETTA SMITH Electronic Signature of Registered Ag S AND DIRECTORS: VP () Delete WILSON, DAVID 1336 LEGACY DR. BIRMINGHAM, AL 35242 US D () Delete HENDERSON, JAY 4313 KENDLEWOOD LANE	gent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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 DALRI P 04/16/2009