

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90062 032 ***150.00

DOCUMENT # P93000026322

1. Corporation Name

TURNER RIVER REAL ESTATE, CORP.

Principal Place of Business

207 BROADWAY
EVERGLADES CITY FL 34139
US

Mailing Address

P.O. BOX 649
EVERGLADES CITY FL 34139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1993

4. FEI Number

59-3183351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 102 Copeland & Broadway

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Everglades City, FL

Zip

Country

24 34139

25 US

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LURIE, TERRY P.A.

1042 40TH TERRACE SW- 2061 Trade Center Way

SUITE 5

NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name

LURIE, TERRY P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2061 Trade Center Way

83

84 City

NAPLES

FL

85

Zip Code

34109

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Terry Lurie

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GREENE, OTTO
STREET ADDRESS 1180 CHOLOSKEE DRIVE, LOT 53
CITY-ST-ZIP CHOKOLOSKEE FL 34138

☒ DELETE

TITLE VTS
NAME GREENE, NANCY
STREET ADDRESS 1180 CHOKOLOSKEE DRIVE, LOT 53
CITY-ST-ZIP CHOKOLOSKEE FL 34138

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

MONTENEGRO, CALIXTO

280 HENLEY DRIVE

NAPLES FL 34104

ST

MEDINE, SALLY

3441 3RD AVE SW

NAPLES FL 34117

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 (941) 5930527

CR2E034 (11/98)