

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748227

Entity Name: TURKEY ROOST MINI-FARMS HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 11, 2018
Secretary of State
CC6640892025**Current Principal Place of Business:**1503 HAGGERTY WAY
TALLAHASSEE, FL 32317**Current Mailing Address:**1530 MCLAWRENCE WAY
TALLAHASSEE, FL 32317 US**FEI Number: 59-2410592****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOLLIDAY, CHAD E
1503 HAGGERTY WAY
TALLAHASSEE, FL 32317 US*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.***SIGNATURE:** CHAD E HOLLIDAY

03/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title TREASURER
Name BUCHANAN, DERYL J
Address 1530 MCLAWRENCE WAY
City-State-Zip: TALLAHASSEE FL 32317Title PRESIDENT
Name HOLLIDAY, CHAD
Address 1503 HAGGERTY WAY
City-State-Zip: TALLAHASSEE FL 32317Title SECRETARY
Name HOLLIDAY, KRISTINA
Address 1503 HAGGERTY WAY
City-State-Zip: TALLAHASSEE FL 32317Title DIR
Name METZ, DUSTIN
Address 11167 TUNG GROVE RD
City-State-Zip: TALLAHASSEE FL 32317Title VP
Name PORTER, LAURA
Address 1519 BIG SKY WAY
City-State-Zip: TALLAHASSEE FL 32317Title DIRECTOR
Name PORTER, MATTHEW
Address 1519 BIG SKY WAY
City-State-Zip: TALLAHASSEE FL 32317Title DIR
Name BROTHERS, LAUREN
Address 11100 TUNG GROVE RD
City-State-Zip: TALLAHASSEE FL 32317

I hereby 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 all other like empowered.

SIGNATURE: CHAD E HOLLIDAY

PRES

03/11/2018

Electronic Signature of Signing Officer/Director Detail

Date