

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748227

Entity Name: TURKEY ROOST MINI-FARMS HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 13, 2023
Secretary of State
4997572708CC**Current Principal Place of Business:**1520 BIG SKY WAY
TALLAHASSEE, FL 32317**Current Mailing Address:**PO BOX 12215
TALLAHASSEE, FL 32317 US**FEI Number: 59-2410592****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MATHEWS, PEGGY H
1520 BIG SKY 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: PEGGY H. MATHEWS****03/13/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FLYNN, BOB
Address PO BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name WITTSTOCK, GORDON
Address PO BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MCCREA, TIEBOUT
Address PO BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name KRAFT, REGINE
Address PO BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MATHEWS, PEGGY
Address PO BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT
Name LYNE, ZACHARY
Address P.O. BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER
Name METZ, DUSTIN
Address P.O. BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name LYNE, AMY
Address PO BOX 12215
City-State-Zip: TALLAHASSEE FL 32317

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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: DUSTIN METZ**TREASURER****03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MOORE, CHAD
Address	P.O. BOX 12215
City-State-Zip:	TALLAHASSEE FL 32317