

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748227

**Entity Name:** TURKEY ROOST MINI-FARMS HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 08, 2022**  
**Secretary of State**  
**4047413503CC****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****03/08/2022**

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 ALLEN, ANNE  
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 DIRECTOR  
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 P  
Name LYNE, ZACHARY  
Address P.O. BOX 12215  
City-State-Zip: TALLAHASSEE FL 32317

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

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

**Continues on page 2**

*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****03/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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