

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005913

Entity Name: CLUB TURNOVER ASSOCIATION, INC.**Current Principal Place of Business:**4500 PGA BLVD.
SUITE 200
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4500 PGA BLVD.
SUITE 200
PALM BEACH GARDENS, FL 33418 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OWEN, JACK B. JR.
4500 PGA BLVD.
SUITE 200
PALM BEACH GARDENS, FL 33418 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:** JACK B. OWEN, JR.**04/27/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	VALENTINE, ED
Address	4500 PGA BLVD. SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	NOSAL, CHET
Address	4500 PGA BLVD. SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	STD
Name	RUWE, STACY
Address	4500 PGA BLVD. SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	DELLARIA, BOB
Address	4500 PGA BLVD. SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	JACOBY, ROB
Address	4500 PGA BLVD. SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	HARDWICK, CHUCK
Address	4500 PGA BLVD. SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: ED VALENTINE**PRESIDENT****04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date