FILE NOW: FILING FEE IS $61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003909 (9)

1. Corporation Name
NEWPORT AT TURTLE RUN HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
543 N.W. 77TH ST. SUITE 200 BOCA RATON FL 33487 US	543 N.W. 77TH ST. SUITE 200 BOCA RATON FL 33487-1331 US

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0561340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCARBOROUGH, SHERI
543 N.W. 77TH ST.
SUITE 200
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	COX, MITCH		1.2 NAME	John Shuffstal	
STREET ADDRESS	8190 STATE ROAD 84		1.3 STREET ADDRESS	6149 NW 40 Street	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	TD	☒ DELETE	2.1 TITLE	VP, D	☐ Change ☒ Addition
NAME	SEIJAS, ANTHONY		2.2 NAME	Lynpon Aguiar	
STREET ADDRESS	8190 STATE ROAD 84		2.3 STREET ADDRESS	4008 NW 60 Lane	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	SD	☒ DELETE	3.1 TITLE	S, D	☐ Change ☒ Addition
NAME	REGISTER, BETTY		3.2 NAME	Robert Jordan	
STREET ADDRESS	8190 STATE ROAD 84		3.3 STREET ADDRESS	6134 NW 41 Drive	
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ DELETE	4.1 TITLE	T, D	☐ Change ☒ Addition
NAME			4.2 NAME	Debbie Grauge	
STREET ADDRESS			4.3 STREET ADDRESS	6112 NW 40 St	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Chris Uisage	
STREET ADDRESS			5.3 STREET ADDRESS	6127 NW 40 Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block ~~13~~ if changed, or on an attachment with an address.