SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90006 048 ****61.25

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DOCUMENT # N93000003909

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 PO Box 273632	26 P.O. Box 273632	08/27/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0561340 ☐ Applied For ☐ Not Applicable
City & State 23 Boca Raton FL	City & State 28 Boca Raton, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33427 Country 25	Zip 29 33427 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 Bob Benjamin
82 Street Address (P.O. Box Number is Not Acceptable) 931 SW. 15th ST.
83
84 City Boca Raton FL 85 Zip Code 33486

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, of new 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	SHUFFSTAL, JOHN		1.2 NAME	Visage, Chris	
STREET ADDRESS	6149 NW 40 ST		1.3 STREET ADDRESS	6127 NW 41st Dr.	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	VPD	☒ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	LYNDON, AQUIAR		2.2 NAME	Walker, David	
STREET ADDRESS	4008 NW 62 LANE		2.3 STREET ADDRESS	6168 NW 40th St	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	SD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	JORDAN, ROBERT		3.2 NAME	Hogberg, Kevin	
STREET ADDRESS	6134 NW 41 DR		3.3 STREET ADDRESS	6125 NW 40th St.	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	TD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GRANER, DEBBIE		4. 2 NAME	Grauer, Debbie	
STREET ADDRESS	6112 NW 40 ST		4.3 STREET ADDRESS	6112 NW 40th St	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	LaRocco Joe	
STREET ADDRESS			5.3 STREET ADDRESS	4070 NW 61st Way	
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 (5/99)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 7/10/99 — (954)2556346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #