2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2004 8:00 am Secretary of State

05-14-2004 90007 040 ****61.25

ANNUAL KEPUKI	
DOCUMENT # N9300003909	
1. Entity Name	

NEWPORT AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 54054449 7932 WILES RD. 7932 WILES RD. CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 02262004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0561340 City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT KAYE AND ASSOCIATES 6261 NW 6 WAY STE 103 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 3309 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, evoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May 8e Florida Department of State Due by May 1, 2004 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete ☐ Addition VISAGE, CHRIS NAME NAME STREET ADDRESS 6127 NW 41ST DR STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE WALLINGTON, KEVIN NAME 6108 NW 40TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP DIRECTOR - TREASUREN דעמ ☐ Delete Change ☐ Addition GAPEN, NICK GAPEN, NICK, NAME NAME 4020 NW GI WAY STREET ADDRESS 4020 NW 61ST WAY STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 DIRECTOR ☐ Change Addition TITLE VPD Delete TITLE APPLEMAN, CRAIG NAME FINK CHRISTINA MARKE 4003 NW 61 TERR STREET ADDRESS 6188 NW 40TH STREET STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP SPRINGS FL 33067 Change Addition TITLE DS **Delete** TITLE DEANGULO, POLLY NAME NAME STREET ADDRESS STREET ADDRESS 6123 NW 40TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachingent with an address, with all other like empowered.

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WALLING TO Date Dayline Phone #