2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N93000003909

Entity Name: NEWPORT AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7932 WILES RD.
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

7932 WILES RD.
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0561340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT KAYE AND ASSOCIATES
6261 NW 6 WAY STE 103
FT LAUDERDALE, FL 3309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WALLINGTON, KEVIN
Address: 6108 NW 40TH ST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S ( ) Delete
Name: GABE, ROBIN
Address: 8202 WILES ROAD #136
City-St-Zip: CORALSPRINGS, FL 33067

Title: D ( ) Delete
Name: APPLEMAN, CRAIG
Address: 4003 NW 61 TERR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DS ( ) Delete
Name: LAMB, CHRISTINE
Address: 4008 NW 62 LN
City-St-Zip: POMPANO BEACH, FL 33061

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GABE, ROBIN
Address: 8202 WILES ROAD #136
City-St-Zip: CORALSPRINGS, FL 33067

Title: T (X) Change ( ) Addition
Name: APPLEMAN, CRAIG
Address: 4003 NW 61 TERR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: RIVERO, JULIE
Address: 6128 NW 40 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN WALLINGTON P 03/18/2009

Electronic Signature of Signing Officer or Director — Date