

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 27, 2011
Secretary of State

DOCUMENT# N93000003909

Entity Name: NEWPORT AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071 US**New Principal Place of Business:****Current Mailing Address:**1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071 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:**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE #205
CORAL SPRINGS, FL 33071 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: D
Name: WILLEMS, WILLIAM
Address: 4032 NW 62 LANE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VPD
Name: GABE, ROBYN
Address: 6146 NW 41 DRIVE
City-St-Zip: CORALSPRINGS, FL 33067

Title: TD
Name: APPLEMAN, CRAIG
Address: 4003 NW 61 TERR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD
Name: LAMB, CHRISTINE
Address: 4008 NW 62 LN
City-St-Zip: POMPANO BEACH, FL 33061

Title: PD
Name: RIVERO, JULIE
Address: 6128 NW 40 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

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: JULIE RIVERO

PD

05/27/2011

Electronic Signature of Signing Officer or Director

Date