

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 02, 2019
Secretary of State
CC7849416801**Entity Name:** NEWPORT AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O ASSOCIATION SPECIALTY GROUP, LLC
9050 PINES BLVD. SUITE #480
PEMBROKE PINES, FL 33024**Current Mailing Address:**C/O ASSOCIATION SPECIALTY GROUP, LLC
9050 PINES BLVD. SUITE #480
PEMBROKE PINES, FL 33024 US**FEI Number:** 65-0561340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOGEN, MICHAEL
THE BOGEN LAW GROUP
7351 WILES RD. SUITE #202
CORAL SPRINGS, FL 33067 US*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:** BOGEN, MICHAEL

01/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name SARLENGA, FERNANDO
Address 6047 NW 40TH STREET
City-State-Zip: CORAL SPRINGS FL 33067Title PRESIDENT
Name LOHMANN, CLARENCE
Address 4040 NW 62ND LANE
City-State-Zip: CORAL SPRINGS FL 33067Title DIRECTOR
Name SAMPAIO, ERICO
Address 4077 NW 61ST TERRACE
City-State-Zip: CORAL SPRINGS FL 33067Title DIRECTOR, SECRETARY
Name DONOFRIO, RON
Address 4056 NW 62ND LANE
City-State-Zip: CORAL SPRINGS FL 33067Title TREASURER
Name MURRAY, KEN
Address 6155 NW 40TH STREET
City-State-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: LOHMANN, CLARENCE

PRESIDENT

01/02/2019

Electronic Signature of Signing Officer/Director Detail

Date