

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 020 ****61.25

DOCUMENT # N22688

1. Entity Name
ESTATES AT TURTLE RUN HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
7932 WILES ROAD
CORAL SPRINGS, FL 33067 US

Mailing Address
7932 WILES ROAD
POMPANO BEACH, FL 33067 US

40110081



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0027252

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT KAYE & ASSOCIATES, P.A.
7937 WILES ROAD
CORAL SPRINGS, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KAPISH, CHRISTOPHER J
STREET ADDRESS 6750 NW 44TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MORGAN, LANCE
STREET ADDRESS 4170 NW 66 AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PFEIFFER, JOHN
STREET ADDRESS 6621 NW 41 STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASD ☐ Delete
NAME CARNEY, EUGENE J III
STREET ADDRESS 4111 NW 64TH AVENUE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME LIST, LLOYD
STREET ADDRESS 4186 NW 65 AVENUE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-08