## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003909

FILED Apr 04, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1750 UNIVERSITY DR

#205

CORAL SPRINGS, FL 33071 US

Current Mailing Address: New Mailing Address:

1750 UNIVERSITY DR

#205

CORAL SPRINGS, FL 33071 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS 1750 LINIVERSITY DRIVE #205

1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 US CROYLE, PHILIP J 370 W. CAMINO GARDENS BLVD #300 BOCA RATON, FL 33432 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: PHILIP J. CROYLE 04/04/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: S

Name: WILLEMS, WILLIAM Address: 4032 NW 62 LANE

City-St-Zip: CORAL SPRINGS, FL 33067

Title: VPD

Name: GABE, ROBYN Address: 6145 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: PD

 Name:
 RIVERO, JULIE

 Address:
 6128 NW 40 STREET

 City-St-Zip:
 CORAL SPRINGS, FL 33067

Title: D

Name: GRAUER, PETE Address: 6112 NW 40 ST.

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: CRAIG APPLEMAN TD 04/04/2012