FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003910 (7)

1. Corporation Name

HARBOR ISLAND AT TURTLE RUN HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
700 N.W. 107 AVENUE MIAMI FL 33172	700 N.W. 107 AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 02/22/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0561336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21 9070 Kimberly Blvd.	26 9070 Kimberly Blvd.	
Suite, Apt. #, etc. 22 Suite 48	Suite, Apt. #, etc. 27 Suite 48	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip / Country 24 33434 / 25 USA	Zip / Country 29 33434 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSKY, MORRIS J 700 N.W. 107TH AVENUE MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	LLANO, FRANK	12 NAME		
STREET ADDRESS	8320 N.W. 27 PLACE	13 STREET ADDRESS	8190 State Road 84	
CITY-ST-ZIP	SUNRISE FL 33321	14 CITY-ST-ZIP	Davie FL 33324	
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	WOODREY, SCOTT	22 NAME		
STREET ADDRESS	8320 N.W. 27 PLACE	23 STREET ADDRESS	8190 State Road 84	
CITY-ST-ZIP	SUNRISE FL 33321	24 CITY-ST-ZIP	Davie FL 33324	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	BLANTON, ROBERT	32 NAME	Betty Register	
STREET ADDRESS	8320 N.W. 27 PLACE	33 STREET ADDRESS	8190 State Road 84	
CITY-ST-ZIP	SUNRISE FL 33321	34 CITY-ST-ZIP	Davie FL 33324	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 20, 1995 (305) 370-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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