

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003910 (7)

1. Corporation Name

HARBOR ISLAND AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9070 KIMBERLY BLVD
SUITE 48
BOCA RATON FL 33434
US

9070 KIMBERLY BLVD
SUITE 48
BOCA RATON FL 33434
US

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business
21 **543 N.W. 77TH STREET**
Suite, Apt. #, etc.

2a. Mailing Address
26 **543 N.W. 77TH STREET**
Suite, Apt. #, etc.

4. FEI Number
65-0561336

Applied For
Not Applicable

22 **200**
City & State

27 **200**
City & State

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

23 **BOCA RATON, FL**
City & State

28 **BOCA RATON, FL.**
City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33487** Zip Country

29 **33487** Zip Country

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

B1 Name **Sheri A. Scarborough**
B2 Street Address (P.O. Box Number is Not Acceptable)
543 N.W. 77TH STREET, STE. 200
B3
B4 City **BOCA RATON** FL B5 Zip Code **33487**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sheri A. Scarborough* **Sheri A. Scarborough** **4-17-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LLANO, FRANK	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WOODREY, SCOTT	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REGISTER, BETTY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	N. JEFF BASSOFF	
1.3 STREET ADDRESS	6356 N.W. 39TH STREET	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
2.1 TITLE	V.P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joe Ramirez	
2.3 STREET ADDRESS	6300 N.W. 38TH DRIVE	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEN GOLDBERG	
3.3 STREET ADDRESS	3914 N.W. 63RD TERRACE	
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLAUDE CONSTANT	
4.3 STREET ADDRESS	6254 N.W. 38 DRIVE	
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4-17-96** (407) 241-4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)