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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

543 NW 77TH ST
200
BOCA RATON FL 33487
US

543 NW 77TH ST
200
BOCA RATON FL 33487-1331
US

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0561336

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERI A SCARBOROUGH
543 NW 77TH ST STE 200
BOCA RATON FL 33487

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME M. JEFF BASSOFF
STREET ADDRESS 6356 NW 39TH ST
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE T, D Change Addition
1.2 NAME LORI CORNETT
1.3 STREET ADDRESS 6370 NW 38 Dr.
1.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE VPD DELETE
NAME JOE RAMIREZ
STREET ADDRESS 6300 NW 38TH DR
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE D Change Addition
2.2 NAME Debbie Gouderberg
2.3 STREET ADDRESS 2884 NW 63 Terrace
2.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE TD DELETE
NAME LEN GOLDBERG
STREET ADDRESS 3914 NW 63RD TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE P, D Change Addition
3.2 NAME Len Goldberg
3.3 STREET ADDRESS 3914 NW 63 Terrace
3.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE SD DELETE
NAME CLAUDE CONSTANT
STREET ADDRESS 6254 NW 38TH DR
CITY-ST-ZIP CORAL SPRINGS FL

4.1 TITLE S, D Change Addition
4.2 NAME David O'Connell
4.3 STREET ADDRESS 6211 NW 38 Dr
4.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VP, D Change Addition
5.2 NAME Rodger Hochman
5.3 STREET ADDRESS 6266 NW 38 Dr
5.4 CITY-ST-ZIP Boca Raton, FL 33067

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)