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**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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 ASSOCIATI  
ON, 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  
US

3. Date Incorporated or Qualified

08/27/1993

4. FEI Number

65-0561336

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ 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  DELETE  
NAME TD CORNETT, LORI  
STREET ADDRESS 6370 NW 38TH DR  
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE  Change  Addition  
1.2 NAME SECRETARY, DIRECTOR  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D GOLDENBERG, DEBBIE  
STREET ADDRESS 2884 NW 63RD TERR  
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME SD O'CONNELL, DAVID  
STREET ADDRESS 6211 NW 38TH DR  
CITY-ST-ZIP CORAL SPRINGS FL

4.1 TITLE  Change  Addition  
4.2 NAME Treasurer, Director  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME VPD HOCHMAN, RODGER  
STREET ADDRESS 6268 NW 38TH DR  
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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.

SIGNATURE: *LEONARD GOLDENBERG*

411579K

CR2E037 (10/97)