

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90076 001 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003910 ✓

1. Corporation Name

Principal Place of Business

Mailing Address

HARBOR ISLAND AT TURTLE RUN A.O.A, INC. (INC)  
20423 State Road 7, Box 505  
Boca Raton, FL 33498

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 20423 ST. Road 7,

26 6.8.94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 505

27 65-0561336

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip 33498 Country USA

29 Zip 33498 Country USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Roy Tedesco Sheri Scarborough  
980 N. FEDERAL Hwy  
Boca Raton, FL 33432

81 Name Roy Tedesco

82 Street Address (P.O. Box Number is Not Acceptable)  
980 N. Federal Hwy STE 302

83

84 City Boca Raton

FL

85 Zip Code 33432

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] Roy S. Tedesco

DATE 4/21/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME LEONARD GOLDBERG  
 STREET ADDRESS 3914 N.W. 63 Terr.  
 CITY-ST-ZIP Coral Springs, FL 33067

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

TITLE  DELETE  
 NAME Debbie Goldenberg  
 STREET ADDRESS 3884 NW 63 Terr.  
 CITY-ST-ZIP Coral Springs, FL 33067

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

TITLE  DELETE  
 NAME SORI CORNETT  
 STREET ADDRESS 6370 NW 38th Ter.  
 CITY-ST-ZIP Boca Raton, Coral Springs, FL 33467

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

TITLE  DELETE  
 NAME Rodger Nachman  
 STREET ADDRESS 6268 NW 38th Dr  
 CITY-ST-ZIP Coral Springs FL 33067

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-21-99

DAYTIME PHONE # (561) 470-9555

CR2E037 (1/98)