

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003910

1. Entity Name

HARBOR ISLAND AT TURTLE RUN HOMEOWNERS ASSOCIATI

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90066 030 ****61.25

Principal Place of Business	Mailing Address
543 NW 77TH ST 200 BOCA RATON FL 33487 US	20423 ST. ROAD 7 505 BOCA RATON FL 33498-6797 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business A.J. Wallace Mgt.	3. Mailing Address A.J. Wallace Mgt.
Suite, Apt. #, etc. 10660 Maple Chase Dr	Suite, Apt. #, etc. P.O. Box 273632
City & State Boca Raton FL	City & State Boca Raton, FL

4. FEI Number 65-0561336	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 33498	Country Palm Beach
Zip 33427	Country Palm Beach

6. Name and Address of Current Registered Agent

TEDESCO, ROY
980 N. FEDERAL HWY
STE 302
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Larry Schner
 Street Address (P.O. Box Number is Not Acceptable): 750 S. Dixie Hwy
 Box 3004
 City: Boca Raton FL Zip Code: 33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* DATE: 2-11-00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE SD NAME CORNETT, LORI STREET ADDRESS 6370 NW 38TH DR CITY-ST-ZIP CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE TD NAME GOLDENBERG, DEBBIE STREET ADDRESS 3884 NW 63 TERR CITY-ST-ZIP CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
TITLE PD NAME LEN GOLDBERG STREET ADDRESS 3914 NW 63RD TERRACE CITY-ST-ZIP CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE D NAME HOCHMAN, RODGER STREET ADDRESS 6268 NW 38TH DR CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD NAME LEWIS, KATHLEEN STREET ADDRESS 6372 NW 38th Dr. CITY-ST-ZIP CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KESSLER, RONNI STREET ADDRESS 6390 NW 38th Dr. CITY-ST-ZIP CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME HOCHMAN, RODGER STREET ADDRESS 6268 NW 38th Dr. CITY-ST-ZIP CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME OGDEN, GERALD STREET ADDRESS 6320 NW 38th Dr. CITY-ST-ZIP CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Rodger Hochman, Pys.* DAYTIME PHONE #: 305-373-9400

CR2E037 (9/99)