

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90155 003 ****61.25

DOCUMENT # N93000003910

1. Entity Name

**HARBOR ISLAND AT TURTLE RUN HOMEOWNERS ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

**AJ WALLACE MGMT
 10660 MAPLE CHASE DR
 BOCA RATON FL 33498
 US**

**AJ WALLACE MGMT
 10660 MAPLE CHASE DR
 BOCA RATON FL 33498
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0561336

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNER, LARRY
 750 S DIXIE HWY
 BOX 3004
 BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **LEWIS, KATHLEEN**
 STREET ADDRESS **6372 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **TSD** Change Addition
 NAME **LEWIS, KATHLEEN**
 STREET ADDRESS **6372 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **D** Delete
 NAME **GENARO, LUCIEN**
 STREET ADDRESS **6264 NW 38TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KESSLER, RONNI**
 STREET ADDRESS **6390 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **PD** Change Addition
 NAME **CARPINO, JOHN**
 STREET ADDRESS **6211 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **PD** Delete
 NAME **HOCHMAN, RODGER**
 STREET ADDRESS **6268 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** Change Addition
 NAME **MILLER, HERBERT**
 STREET ADDRESS **6210 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **TD** Delete
 NAME **ODGEN, GERALD**
 STREET ADDRESS **6320 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VPD** Change Addition
 NAME **ODGEN, GERALD**
 STREET ADDRESS **6320 NW 38TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

Kathleen Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 954-753-2066
 Date Daytime Phone #

0076727

CR2E037 (9/01)