


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90024 034 \*\*\*\*61.25

**DOCUMENT # N93000003910**

1. Entity Name  
**HARBOR ISLAND AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.**



44050317



Principal Place of Business  
**AJ WALLACE MGMT**  
**10660 MAPLE CHASE DR**  
**BOCA RATON, FL 33498 US**

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

2. Principal Place of Business  
**7932 Wiles Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**c/o Benchmark Prop. Maint**  
**7932 Wiles Rd**  
 Suite, Apt. #, etc.

City & State  
**Coral Springs FL**

City & State  
**Coral Springs FL**

Zip  
**33067**

Country  
**USA**

Zip  
**33067**

Country  
**USA**

07232004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0561336**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by September 8, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TACOVELLI, STEVE 6248 NW 38TH DR. CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas - Dir TACOVELLI, STEVE 6248 NW 38 DRIVE CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENNARO, LUCIEN 6264 NW 38TH DRIVE CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC PRESIDENT-DIR GENNARO, LUCIEN 6264 NW 38 DRIVE CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPINO, JOHN C 6211 NW 38TH DR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR JARO, MARC 6377 NW 39 Court CORAL SPRINGS FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, HERBERT 6210 NW 38TH DR CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR REYES, DEBORAH 6253 NW 38 DRIVE CORAL SPRINGS FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, JAY 6206 NW 38TH DR. CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: John C. Carpino Pres. Date: 7/23/04 Daytime Phone #: 954-344-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR