

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747953 (8)

1. Corporation Name
TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 19707 TURNBERRY WAY NORTH MIAMI BEACH FL 33180
Mailing Address: 19707 TURNBERRY WAY NORTH MIAMI BEACH FL 33180

3. Date incorporated or Qualified: 07/03/1979
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-1921135
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: REINHARD, SANFORD N. 2875 N.E. 191ST STREET, SUITE 404 NORTH MIAMI BEACH FL 33180
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: [Signature] (NOTE: Registered Agent signature required when substituting) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: FRIEDFERTIG, STEVEN STREET ADDRESS: 19707 TURNBERRY WAY, #12A CITY-ST-ZIP: AVENTURA FL	<input type="checkbox"/> DELETE	1.1 TITLE: T/VP/D 1.2 NAME: MYLES KLEIN 1.3 STREET ADDRESS: 19707 TURNBERRY WAY, #15G 1.4 CITY-ST-ZIP: AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SVP NAME: PUDER, BERNARD STREET ADDRESS: 19707 TURNBERRY WAY, #27J CITY-ST-ZIP: AVENTURA FL	<input type="checkbox"/> DELETE	2.1 TITLE: VPD 2.2 NAME: DELORIS WITTE 2.3 STREET ADDRESS: 19707 TURNBERRY WAY, #7F 2.4 CITY-ST-ZIP: AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPJ NAME: MENDELSON, DANIEL STREET ADDRESS: 19707 TURNBERRY WAY #23D CITY-ST-ZIP: N MIAMI, FL 00000	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: [Blank] 3.2 NAME: [Blank] 3.3 STREET ADDRESS: [Blank] 3.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: ISRAELSON, MAX R STREET ADDRESS: 19707 TURNBERRY WAY, #11H CITY-ST-ZIP: AVENTURA FL	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: RALBY, HOWARD STREET ADDRESS: 19707 TURNBERRY WAY, #5H CITY-ST-ZIP: AVENTURA FL	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BROOKMIRE, EMANUEL STREET ADDRESS: 19707 TURNBERRY WAY, #6K CITY-ST-ZIP: AVENTURA FL	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] STEVEN FRIEDFERTIG 3/18/96 931-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)