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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/03/1979	
4. FEI Number 59-1921135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FRIEDFERTIG, STEVEN
STREET ADDRESS	19707 TURNBERRY WAY, #12A
CITY-ST-ZIP	AVENTURA FL
TITLE	SVP <input type="checkbox"/> DELETE
NAME	PUDER, BERNARD
STREET ADDRESS	19707 TURNBERRY WAY, #27J
CITY-ST-ZIP	AVENTURA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WITTE, DELORIS
STREET ADDRESS	19707 TURNBERRY WAY #7F
CITY-ST-ZIP	AVENTURA FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	ISRAELSON, MAX R
STREET ADDRESS	19707 TURNBERRY WAY, #11H
CITY-ST-ZIP	AVENTURA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RALBY, HOWARD
STREET ADDRESS	19707 TURNBERRY WAY, #5H
CITY-ST-ZIP	AVENTURA FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	BROOKMIRE, EMANUEL
STREET ADDRESS	19707 TURNBERRY WAY, #6K
CITY-ST-ZIP	AVENTURA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MYLES KLEIN
1.3 STREET ADDRESS	19707 TURNBERRY WAY, #15G
1.4 CITY-ST-ZIP	AVENTURA, FL 33180
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILTON KIRTMAN
2.3 STREET ADDRESS	19707 TURNBERRY WAY, #21K
2.4 CITY-ST-ZIP	AVENTURA, FL 33180
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORTON KALIN
3.3 STREET ADDRESS	19707 TURNBERRY WAY, #18AB
3.4 CITY-ST-ZIP	AVENTURA, FL 33180
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 on an attachment with an address.

SIGNATURE: *Steven Friedfertig* STEVEN FRIEDFERTIG 3/9/98 (305) 931-6300

CFR037 (10/97)