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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747953

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
07/03/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1921135 Applied For Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINHARD, SANFORD N.  
2875 N.E. 191ST STREET, SUITE 404  
NORTH MIAMI BEACH FL 33180

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  DELETE  
1.2 NAME PD FRIEDFERTIG, STEVEN  
1.3 STREET ADDRESS 19707 TURNBERRY WAY, #12A  
1.4 CITY-ST-ZIP AVENTURA FL  
2.1 TITLE  DELETE  
2.2 NAME SVP PUDER, BERNARD  
2.3 STREET ADDRESS 19707 TURNBERRY WAY, #27J  
2.4 CITY-ST-ZIP AVENTURA FL  
3.1 TITLE  DELETE  
3.2 NAME VPD WITTE, DELORIS  
3.3 STREET ADDRESS 19707 TURNBERRY WAY #7F  
3.4 CITY-ST-ZIP AVENTURA FL  
4.1 TITLE  DELETE  
4.2 NAME TVP KLEIN, MYLES  
4.3 STREET ADDRESS 19707 TURNBERRY WAY, #15G  
4.4 CITY-ST-ZIP AVENTURA FL 33180  
5.1 TITLE  DELETE  
5.2 NAME VPD RALBY, HOWARD  
5.3 STREET ADDRESS 19707 TURNBERRY WAY, #5H  
5.4 CITY-ST-ZIP AVENTURA FL  
6.1 TITLE  DELETE  
6.2 NAME VP KIRTMAN, MILTON  
6.3 STREET ADDRESS 19707 TURNBERRY WAY, #21K  
6.4 CITY-ST-ZIP AVENTURA FL 33180

1.1 TITLE VPD  Change  Addition  
1.2 NAME MORTON KALIN  
1.3 STREET ADDRESS 19707 TURNBERRY WAY, #18AB  
1.4 CITY-ST-ZIP AVENTURA, FL 33180  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
3/11/99 305-931-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Katherine Harris  
DATE Daytime Phone #

CR2E037 (11/98)