## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 747953**

1. Entity Name

## TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.

Mailing Address Principal Place of Business 19707 TURNBERRY WAY 19707 TURNBERRY WAY NORTH MIAMI BEACH FL 33180-2566 NORTH MIAMI BEACH FL 33180

FILED Apr 13, 2000 8:00 am Secretary of State 04-13-2000 90021 049 \*\*\*\*61.25

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2. Principal Pl	ace of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	•	City & State			4. FEI Numbe	59-1921135			plied For t Applicable	]		
Zip	Country	Zip	Cou	Intry		5. Certificate	of Status Desired		8.75 Add ee Require			
	6. Name and Address of Current F	Registered Agent	egistered Agent			7. Name and	Address of New Reg	gistered A	gent		]	
						Name						
	, Sanford N. 191st Street, Suite 404			Street Address (P.O. Box Number is Not Acceptable)								
	AMI BEACH FL 33180			City			<u></u>	FL	Zip Code	e		
		the common of the section is a		l	raciator	ad agent or bott	in the state of Florid				1	
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					ure required	when reinstating)		DATE				
· · · · · · · · · · · · · · · · · · ·											]	
	FILE NOW:	9. Election Campaign Financing			\$5.0	O May Be Make Check P				)		
	FEE IS \$61.25	Trust Fund Contribut		Added	Added to Fees Department of State					ŀ		
						A D DITIONS (CILI	NOTE TO OFFICER	S AND OID	ECTORS IN	10	-	
10.	OFFICERS AND DIF		11.		VP.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change X Addition						
TITLE	PD CONTRACTOR OFFICE	☐ Delete	TITLI NAM			ON KALIN			☐ Change	AGBILION	00/0/	
NAME STREET ADDRESS	FRIEDFERTIG, STEVEN			EET ADDRESS			DDV LIAV #1	QΛD			E037	
CITY-ST-ZIP	19707 TURNBERRY WAY,#12A			-ST-ZIP		ITURA FL	RRY WAY, #18	OAD			Ĭ	
	AVENTURA FL SVP	Delete	TITU		VP	CLUKA . CL	77100		Change	X Addition	100	
TITLE NAME	PUDER, BERNARD	□ Delete	NAM			SHIFRIN						
STREET ADDRESS	19707 TURNBERRY WAY,#27J		STRE	EET ADDRESS		O7 TURNBERRY WAY, #19C					ì	
_CITY_ST_ZIP	-AVENTURA-FL		= -CITY	-ST-ZIP	-ĀVÉI	NTURA, FL	33180			<del>_</del>	<u> </u>	
TITLE	VPD	☐ Delete	TITL	E					☐ Change	☐ Addition		
NAME ·	WITTE, DELORIS		NAM	1E							ļ	
STREET ADDRESS	19707 TURNBERRY WAY #7F		•	EET ADDRESS							ĺ	
CITY-ST-ZIP	AVENTURA FL		CHY	'-ST-ZIP	ļ						-	
TITLE	TVP	☐ Delete	TITL						☐ Change	☐ Addition		
NAME	KLEIN, MYLES		NAM	ie Eet address								
STREET ADDRESS CITY-ST-ZIP	19707 TURNBERRY WAY, #15G			r-ST-ZIP								
	AVENTURA FL 33180		TITL						☐ Change	Addition	┨	
TITLE NAME	vpd Ralby, howard	🔀 Delete	NAM	_								
STREET ADDRESS	19707 TURNBERRY WAY,#5H			EET ADDRESS							1	
CITY-ST-ZIP	AVENTURA FL			/-ST-ZIP								
TITLE	VP	☐ Delete	TITL	E		<u> </u>			☐ Change	Addition	7	
NAME	KIRTMAN, MILTON		NAM	ME.								
STREET ADDRESS	19707 TURNBERRY WAY, #21K			EET ADDRESS								
CITY-ST-ZIP	AVENTURA FL 33180		CITY	r-ST-ZIP							4	
12 I bereby o	sertify that the information supplied with	this filing does not qualify for	the exe	emotion sta	ted in Se	ection 119.07(3)(	i). Florida Statutes. I f	further cert	ify that the i	nformation	1	

Interest series that the information supplied with this lining does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

(305) 931-6300

Daytime Phone #