

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748150 (0)
 1. Corporation Name
TURNBERRY ISLE SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 19667 TURNBERRY WAY NORTH MIAMI BEACH FL 33180	Mailing Address 19667 TURNBERRY WAY NORTH MIAMI BEACH FL 33180-2593
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/20/1979	3a. Date of Last Report 04/08/1996
4. FEI Number 59-1980227	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PATRONE, LEE BLDG MGR.
4925 COLLINS AVE 6F
MIAMI BCH FL 33140**

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

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: Lee Patrone **LEE PATRONE** **3-31-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, JEROME	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOGAN, FRED	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HABER, HENRY	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHERMAN, DONALD	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GROSSBARDT, HAROLD	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALDMAN, LEO	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Leo Waldman **LEO WALDMAN** **3-31-97** **305-935-0400**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0033383

CR2E037 (9/96)