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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 748150

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/20/1979

4. FEI Number

59-1980227

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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 **LEE PATRONE / MGR.**

[Signature]

DATE **4-2-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **VD**
 NAME **LIEBERMAN, JEROME**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D**
 NAME **FRIEDMAN, HARRY**
 STREET ADDRESS **19667 TRUNBERRY WAY**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **SD**
 NAME **HABER, HENRY**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **VD**
 NAME **SHERMAN, DONALD**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PD**
 NAME **GROSSBARDT, HAROLD**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **TD**
 NAME **WALDMAN, LEO**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **AVENTURE FL 33180**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/2/99** Daytime Phone # **305-935-0400**

CR2E037 (11/98)