

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90105 015 ****61.25

DOCUMENT # 748150

1. Entity Name

TURNBERRY ISLE SOUTH CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

19667 TURNBERRY WAY
 NORTH MIAMI BEACH FL 33180

19667 TURNBERRY WAY
 NORTH MIAMI BEACH FL 33180-2593

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1980227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

033186



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Agent signature required when reinstating)

Mar 31, 00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LIEBERMAN, JEROME	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, HARRY	
STREET ADDRESS	19667 TRUNBERRY WAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HABER, HENRY	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, DONALD	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GROSSBARDT, HAROLD	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALDMAN, LEO	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURE FL 33180	

TITLE	VD	Feldman, Max	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Feldman, Max	
STREET ADDRESS		19667 Turnberry Way	
CITY-ST-ZIP		Aventura, Fl. 33180	
TITLE	D	Zagha, Abraham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Zagha, Abraham	
STREET ADDRESS		19667 Turnberry Way	
CITY-ST-ZIP		Aventura, Fl. 33180	
TITLE	SD	Yadgaroff, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Yadgaroff, Joseph	
STREET ADDRESS		19667 Turnberry Way	
CITY-ST-ZIP		Aventura, Fl. 33180	
TITLE	TD	Gindi, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Gindi, Joseph	
STREET ADDRESS		19667 Turnberry Way	
CITY-ST-ZIP		Aventura, Fl. 33180	
TITLE	VD	Grossbardt, Harold	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Grossbardt, Harold	
STREET ADDRESS		19667 Turnberry Way	
CITY-ST-ZIP		Aventura, Fl. 33180	
TITLE	PD	Waldman, Leo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Waldman, Leo	
STREET ADDRESS		19667 Turnberry Way	
CITY-ST-ZIP		Aventura, Fl. 33180	

12. 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 report or supplemental 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:

Signature of Signing Officer or Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 305-935-0400
 Date Daytime Phone #

CR2E037 (9/99)