SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 757057 (5)

1. Corporation Name

THE TERRACES NORTH AT TURNBERRY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
20191 E. COUNTRY CLUB DR. MIAMI FL 33180	20191 E. COUNTRY CLUB DR. MIAMI FL 33180

3. Date Incorporated or Qualified: 03/09/1981
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2316769 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	MARILYN RADIN SHINDLER	12 NAME	Paul Dichter	
STREET ADDRESS	20191 E. CONTRY CLUB DRIVE	13 STREET ADDRESS	20191 East Country Club Drive	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	N.M.B., Fla. 33180	
TITLE	VP	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	HELEN ROBBINS	22 NAME	Frank Fiedelholtz	
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE	23 STREET ADDRESS	20191 East Country Club Drive	
CITY-ST-ZIP	N. MIAMI BEACH FL	24 CITY-ST-ZIP	N.M.B., Fla. 33180	
TITLE	S	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	CYRIL SACK	32 NAME	Alan Lipton	
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE	33 STREET ADDRESS	20191 East Country Club Drive	
CITY-ST-ZIP	N. MIAMI BEACH FL	34 CITY-ST-ZIP	N.M.B. Fla. 33180	
TITLE	T	41 TITLE	Treasurer	☐ Change ☐ Addition
NAME	ALAN FREEMAN	42 NAME	Alan Freeman	
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE	43 STREET ADDRESS	20191 East Country Club Drive	
CITY-ST-ZIP	N MIAMI BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Irving Freedman	☒ Change ☐ Addition
NAME	SPIEGEL, JOSEPH	52 NAME	Director	
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE	53 STREET ADDRESS	20191 East Country Club Drive	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Director	☒ Change ☐ Addition
NAME	MARTY MIRNE	62 NAME	Helen Robbins	
STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE	63 STREET ADDRESS	20191 East Country Club Drive	
CITY-ST-ZIP	N. MIAMI BEACH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Paul Dichter President 7/10/95 305-937-1466
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0000310