

DOCUMENT # 757057

1. Entity Name

THE TERRACES NORTH AT TURNBERRY CONDOMINIUM ASSO

Principal Place of Business

20191 E. COUNTRY CLUB DR.  
MIAMI FL 33180

Mailing Address

20191 E. COUNTRY CLUB DR.  
MIAMI FL 33180-3012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2316769

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	WEINSTEIN, BERNARD	20191 E COUNTRY CLUB DR AVENTURA FL 33180	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	P	MURRAY, BRILL	20191 E. COUNTRY CLUB DRIVE AVENTURA FL 33180	<input type="checkbox"/> Delete
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TITLE	→	TREASURER		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	S	LIPTON, ALAN	20191 E. COUNTRY CLUB DRIVE N. MIAMI BEACH FL	<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	VP	ALLEN, STUART	20191 E. COUNTRY CLUB DRIVE AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
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TITLE	President	BURTON Ginsberg	20191 E. Country Club Dr. Aventura, FL 33180	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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TITLE	D	LAZARUS, HAROLD	20191 E. COUNTRY CLUB DRIVE AVENTURA FL 33180	<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	T	OLIKER, LEONARD	20191 E. COUNTRY CLUB DRIVE AVENTURA FL	<input checked="" type="checkbox"/> Delete
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TITLE	VICE PRES.	ARNOLD Schwartzberg	20191 E. Country Club Dr Aventura, FL 33180	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90091 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)