

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **764985** (8)

1. Corporation Name

MARINA TOWER OF TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**19500 TURNBERRY WAY
N. MIAMI BEACH FL 33180**

Mailing Address

**19500 TURNBERRY WAY
N. MIAMI BEACH FL 33180**

FILED

Feb 05, 1996 08:00 AM

Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1982		3a. Date of Last Report 02/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2221794		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		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

**REICH, MITCHELL
19500 TURNBERRY WAY
N. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REINEMAN, PAMELA			12 NAME	Joe Golden		
STREET ADDRESS	19500 TURNBERRY WAY			13 STREET ADDRESS	19500 Turnberry Way		
CITY-STATE-ZIP	AVENTURA FL			14 CITY-STATE-ZIP	Aventura FL 33180		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILICH, ROBIN			22 NAME	Mitchell Reich		
STREET ADDRESS	19500 TURNBERRY WAY			23 STREET ADDRESS	19500 Turnberry Way		
CITY-STATE-ZIP	AVENTURA FL			24 CITY-STATE-ZIP	Aventura FL 33180		
TITLE	TD	<input type="checkbox"/> DELETE		31 TITLE	Jay Schwartz SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, BREVDA			32 NAME	19500 Turnberry Way		
STREET ADDRESS	19500 TURNBERRY WAY			33 STREET ADDRESS	Aventura FL 33180		
CITY-STATE-ZIP	AVENTURA FL			34 CITY-STATE-ZIP			
TITLE	AVD	<input type="checkbox"/> DELETE		41 TITLE	Asst SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MITCHELL, REICH			42 NAME	Connie Levinson		
STREET ADDRESS	19500 TURNBERRY WAY			43 STREET ADDRESS	19500 Turnberry Way		
CITY-STATE-ZIP	AVENTURA FL			44 CITY-STATE-ZIP	Aventura FL 33180		
TITLE	PD	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, JAY			52 NAME			
STREET ADDRESS	19500 TURNBERRY WAY			53 STREET ADDRESS			
CITY-STATE-ZIP	AVENTURA FL			54 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-STATE-ZIP				64 CITY-STATE-ZIP			

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)(k), 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: *Joe Golden* *JOSEPH GOLDEN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 305-935-3600
Date Daytime Phone

CR2E037 (12/95)