


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90022 014 \*\*\*\*61.25

**DOCUMENT # N05000009038**

1. Entity Name  
**TURNBERRY VILLAGE NORTH TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**19950 WEST COUNTRY CLUB DRIVE  
 TENTH FLOOR  
 AVENTURA, FL 33180**

Mailing Address  
**19950 WEST COUNTRY CLUB DRIVE  
 TENTH FLOOR  
 AVENTURA, FL 33180**

46100001

2. Principal Place of Business - No P.O. Box #  
**20000 E. COUNTRY CLUB DR.**

3. Mailing Address  
**20000 E. COUNTRY CLUB DRIVE**

Suite, Apt. #, etc.



05062008 Chg-NP CR2E037 (12/06)

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA, FL**

Zip  
**33180**

Country  
**U.S.A**

Zip  
**33180**

Country  
**U.S.A**

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROTHENBERG, BEVERLY  
 20000 EAST COUNTRY CLUB DRIVE  
 APT. 611  
 AVENTURA, FL 33180**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHENBERG, BEVERLY 20000 EAST COUNTRY CLUB DRIVE, #611 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HELLER, MARGARET 20000 EAST COUNTRY CLUB DRIVE, #PH-02 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASSRY, ISAAC 37 LARCHWOOD AVENUE OAKHURST, NY 07755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **6/26/08** **(305) 932-9705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #