

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009038

FILED
Apr 30, 2010
Secretary of State

Entity Name: TURNBERRY VILLAGE NORTH TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20000 E COUNTRY CLUB DR
AVENTURA, FL 33180

New Principal Place of Business:

20000 EAST COUNTRY CLUB DR
AVENTURA, FL 33180

Current Mailing Address:

C/O MANAGEMENT OFFICE
20000 EAST COUNTRY CLUB DR
AVENTURA, FL 33180

New Mailing Address:

20000 EAST COUNTRY CLUB DR.
C/O: MANAGEMENT OFFICE
AVENTURA, FL 33180

FEI Number: 20-4185406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EISINGER, BROWN, LOUIS & FRANKEL, PA
4000 HOLLYWOOD BOULEVARD
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

EISINGER, BROWN, LEWIS & FRANKEL, PA
4000 HOLLYWOOD BOULEVARD
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 US

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: JOSH KRUT

04/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ROTHENBERG, BEVERLY
Address: MGMT. OFFICE-20000 EAST COUNTRY CLUB DR.
City-St-Zip: AVENTURA, FL 33180

Title: VPTD
Name: MALKOFF, PAULA
Address: MGMT. OFFICE - 20000 EAST COUNTRY CLUB DR.
City-St-Zip: AVENTURA, FL 33180

Title: VPD
Name: MASSRY, ISAAC
Address: MGMT. OFFICE -20000 EAST COUNTRY CLUB DR.
City-St-Zip: AVENTURA, FL 33180

Title: SD
Name: HAMILTON, MAXXWELL T
Address: MGMT. OFFICE -20000 EAST COUNTRY CLUB DR.
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: HELLER, MARGARET
Address: MGMT. OFFICE -20000 EAST COUNTRY CLUB DR
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FABIOLA GUTIERREZ DE PINERES

MGR

04/30/2010

Electronic Signature of Signing Officer or Director

Date