

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 03, 2007
Secretary of State**

DOCUMENT# N05000009972

Entity Name: TURNBERRY OCEAN COLONY NORTH TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**19950 WEST COUNTRY CLUB DRIVE
TENTH FLOOR
AVENTURA, FL 33180**New Principal Place of Business:**16051 COLLINS AVENUE
SUITE 2804
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**19950 WEST COUNTRY CLUB DRIVE
TENTH FLOOR
AVENTURA, FL 33180**New Mailing Address:**16051 COLLINS AVENUE
SUITE 2804
SUNNY ISLES BEACH, FL 33160**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROMINE, MARIO
19950 WEST COUNTRY CLUB DRIVE
TENTH FLOOR
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**KAPLAN, AVI
16051 COLLINS AVENUE
SUITE 2804
SUNNY ISLES BEACH, FL 33160 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: AVI KAPLAN

05/03/2007

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: BERLIN, GEORGE
Address: 19501 BISCAYNE BLVD STE 400
City-St-Zip: AVENTURA, FL 33180Title: STD () Delete
Name: GILBERT, MICHAEL
Address: 19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR
City-St-Zip: AVENTURA, FL 33180Title: VPD () Delete
Name: GENERALOV, IGOR
Address: 19950 WEST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: KAPLAN, AVI
Address: 16051 COLLINS AVENUE, #2804
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: VPS (X) Change () Addition
Name: GENERALOV, IGOR
Address: 16051 COLLINS AVENUE, #1703
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: VPT (X) Change () Addition
Name: SHELOMOVITZ, BARRY
Address: 16051 COLLINS AVENUE, #3604
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AVI KAPLAN

PD

05/03/2007

Electronic Signature of Signing Officer or Director_____
Date