## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ' ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # N97000000471 (9)

TURNBERRY ISLE AT ABERDEEN ASSOCIATION, INC.

**FILED** Jun 04 1998 8:00am Secretary of State

		, , ,		
Principal Place of Business		Mailing Address		1 (BB)  D4 B10 (D1)   (BD)   BB)   BB    BB    BB    BB    BB    BB    BB      B       B
3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		3. Date Incorporated or Qualified 01/28/1997 4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address		65-0762 / 1/9 Not Applicable
21			4 Sound	5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27 Pakwy S	te 250	Trust Fund Contribution Added to Fees
City & State	e	City & State  28 BOCA RATE	tou El	7- Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8- This corporation owes or has paid the current year Intangible
24	25	29 33487	30 Palm Bch	Personal Property Tax due June 30.  Yes No
	10. Name and Address of New Registered Agent			
			81 Name	
Transeastern aberdeen properties, Inc.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
3300 UNIVERSITY DRIVE			<u> </u>	
CORAL S	SPRINGS FL 33065		83	
			84 City	85 Zip Code
11. Pureuant	to the provisions of Sections 617.0602	and 617 1508. Florida Statuto	s the above named corn	FL 89 219 0000
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	m ramilai win, and accept the obligat	ons of, section 617.0503, Flor	ida Statutes.	
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature require	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME OTREET ADDRESS	BLACK, CHARLES		1.2 NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		1.3 STREET ADDRESS	
CITY+ST+ZIP TITLE	CORAL SPRINGS FL 33065 VD	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	Change Addition
NAME	EISNER, NEIL	C see. 2	2.2 NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		2 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY - ST - ZIP	
TITLE	VSTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YUTER, RONALD		3.2 NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		3 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	The second	3 4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY - ST - Z/P 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

mation 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 of 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 aution or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in or on an attachment with an address.

SIGNATURE:

APKIL11,1418 261-734-2011