


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90005 021 ****61.25

0040840

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000000471

1. Corporation Name

TURNBERRY ISLE AT ABERDEEN ASSOCIATION, INC.

Principal Place of Business

3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065

Mailing Address

951 BROKEN SOUND PKWY
 STE 250
 BOCA RATON FL 33487
 US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

65-0762119

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TRANSEASTERN ABERDEEN PROPERTIES, INC.
 3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
 Community Association Services
 82 Street Address (P.O. Box Number is Not Acceptable)
 951 Broken Sound Pkwy #250
 83
 84 City
 Boca Raton FL 85 Zip Code
 33487

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

TITLE PD
 NAME BLACK, CHARLES
 STREET ADDRESS 3300 UNIVERSITY DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ DELETE

TITLE VD
 NAME EISNER, NEIL
 STREET ADDRESS 3300 UNIVERSITY DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE VSTD
 NAME YUTER, RONALD
 STREET ADDRESS 3300 UNIVERSITY DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

President
 Neil Eisner
 951 Broken Sound Pkwy., #250
 Boca Raton, FL 33487 ☒ Change ☐ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Secretary/Treasurer
 Cora DiFiore
 951 Broken Sound Pkwy., #250
 Boca Raton, FL 33487 ☐ Change ☐ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99

CR2E037 (1/98)