

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90365 049 \*\*\*\*61.25

DOCUMENT # N97000000471

1. Entity Name  
TURNBERRY ISLE AT ABERDEEN ASSOCIATION, INC.



QUOTED

Principal Place of Business  
951-BROKEN-SOUND-PKWAY  
#250  
BOCA RATON, FL 33487 US

Mailing Address  
951-BROKEN-SOUND PKWY  
STE 250  
BOCA RATON, FL 33487 US



2. Principal Place of Business  
7700 Congress Avenue  
Suite 1128  
Boca Raton FL  
Zip 33487 Country USA

3. Mailing Address  
7700 Congress Avenue  
Suite 1128  
Boca Raton FL  
Zip 33487 Country USA

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0762119 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
Management Services of America  
COMMUNITY ASSOCIATION SERVICES  
951-BROKEN-SOUND-PKWAY 250  
BOCA RATON, FL 33487  
#1128  
Boca Raton, FL 33487

7. Name and Address of New Registered Agent  
Name Management Services of America  
Street Address (P.O. Box Number is Not Acceptable)  
7700 Congress Avenue  
Suite 1128  
City Boca Raton FL Zip Code 33487

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 Alan Levin 4.26.06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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	VP	<input type="checkbox"/> Delete
NAME	LAWSKY, STEVE	
STREET ADDRESS	6954 FAIRWAY LAKES DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREENFIELD, PHYLLIS	
STREET ADDRESS	6919 FAIRWAY LAKES DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Fernandez	
STREET ADDRESS	6934 Fairway Lakes Dr	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Finn	
STREET ADDRESS	6979 Fairway Lakes Dr	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosanne Adeles	
STREET ADDRESS	6962 Fairway Lakes Dr	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Wittersein	
STREET ADDRESS	7003 Fairway Lakes Drive	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Weissman	
STREET ADDRESS	6991 Fairway Lakes Dr	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray Ziegler	
STREET ADDRESS	6999 Fairway Lakes Dr.	
CITY-ST-ZIP	Boynton Beach, FL 33435	

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: Alan Levin 4.26.06 5619881888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #