FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748150 (0)

1. Corporation Name
TURNBERRY ISLE SOUTH CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
19667 TURNBERRY WAY NORTH MIAMI BEACH FL 33180	19667 TURNBERRY WAY NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1979
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1980227 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PATRONE, LEE BLDG MGR.
4925 COLLINS AVE 6F
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LIEBERMAN, JEROME	1.2 NAME	Grossbardt, Harold	
STREET ADDRESS	19667 TURNBERRY WAY	1.3 STREET ADDRESS	19667 Turnberry Way	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	N. Miami Bch., Fla. 33180	
TITLE	TD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KOGAN, FRED	2.2 NAME	Lieberman, Jerome	
STREET ADDRESS	19667 TURNBERRY WAY	2.3 STREET ADDRESS	19667 Turnberry Way	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	N. Miami Bch., Fla. 33180	
TITLE	D	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HABER, HENRY	3.2 NAME	Sherman, Donald	
STREET ADDRESS	19667 TURNBERRY WAY	3.3 STREET ADDRESS	19667 Turnberry Way	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	N. Miami Bch., Fla. 33180	
TITLE	VD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SHERMAN, DONALD	4.2 NAME	Waldman, Leo	
STREET ADDRESS	19667 TURNBERRY WAY	4.3 STREET ADDRESS	19667 Turnberry Way	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	N. Miami Bch., Fla. 33180	
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	GROSSBARDT, HAROLD	5.2 NAME	Haber, Henry	
STREET ADDRESS	19667 TURNBERRY WAY	5.3 STREET ADDRESS	19667 Turnberry Way	
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	N. Miami Bch., Fla. 33180	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WALDMAN, LEO	6.2 NAME	Kogan, Fred	
STREET ADDRESS	19667 TURNBERRY WAY	6.3 STREET ADDRESS	19667 Turnberry Way	
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	N. Miami Bch., Fla.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] HAROLD GROSSBARDT 4/17/95 (305) 935-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044874