

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JAN 22 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 764985 (8)

1. Corporation Name

MARINA TOWER OF TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19500 TURNBERRY WAY  
N. MIAMI BEACH FL 33180

19500 TURNBERRY WAY  
N. MIAMI BEACH FL 33180-2592

3. Date Incorporated or Qualified  
09/14/1982

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICH, MITCHELL  
19500 TURNBERRY WAY  
N. MIAMI BEACH FL 33180

81 Name

SANFORD N. Reinhard

82

Street Address (P.O. Box Number is Not Acceptable)

2815 N.E. 191st

83

Suite 404

84

City

N. Miami Beach

FL

85

Zip Code

33180

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

*Sanford N. Reinhard*, SANFORD N. Reinhard

1-9-97

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	<input type="checkbox"/> DELETE
NAME	GOLDEN, JOE	
STREET ADDRESS	19500 TURNBERRY WAY	
CITY - ST - ZIP	AVENTURA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REICH, MITCHELL	
STREET ADDRESS	19500 TURNBERRY WAY	
CITY - ST - ZIP	AVENTURA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, JAY	
STREET ADDRESS	19500 TURNBERRY WAY	
CITY - ST - ZIP	AVENTURA FL	
TITLE	AVD	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, REICH	
STREET ADDRESS	19500 TURNBERRY WAY	
CITY - ST - ZIP	AVENTURA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, JAY	
STREET ADDRESS	19500 TURNBERRY WAY	
CITY - ST - ZIP	AVENTURA FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINSON, CONNIE	
STREET ADDRESS	19500 TURNBERRY WAY	
CITY - ST - ZIP	AVENTURA FL	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ron Lester	
1.3 STREET ADDRESS	19500 Turnberry Way	
1.4 CITY - ST - ZIP	Aventura FL 33180	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Morris Brevda	
2.3 STREET ADDRESS	19500 Turnberry Way	
2.4 CITY - ST - ZIP	Aventura FL 33180	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033380

CR2E037 (9/96)