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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748150 (0)

1. Corporation Name

TURNBERRY ISLE SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19667 TURNBERRY WAY
NORTH MIAMI BEACH FL 33180

19667 TURNBERRY WAY
NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified

07/20/1979

4. FEI Number

59-1980227

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

LEE PATRONE, MANAGER 3-31-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **D LIEBERMAN, JEROME**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE ☒ DELETE
 NAME **PD KOGAN, FRED**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE ☐ DELETE
 NAME **SD HABER, HENRY**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE ☐ DELETE
 NAME **PD SHERMAN, DONALD**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE ☐ DELETE
 NAME **VD GROSSBARDT, HAROLD**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE ☐ DELETE
 NAME **VD WALDMAN, LEO**
 STREET ADDRESS **19667 TURNBERRY WAY**
 CITY-ST-ZIP **N MIAMI BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME **VD Lieberman, Jerome**
 1.3 STREET ADDRESS **19667 Turnberry Way**
 1.4 CITY-ST-ZIP **Aventura, FL 33180**

2.1 TITLE ☒ Change ☒ Addition
 2.2 NAME **D Harry Friedman**
 2.3 STREET ADDRESS **19667 Turnberry Way**
 2.4 CITY-ST-ZIP **Aventura, FL 33180**

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

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME **VD Sherman, Donald**
 4.3 STREET ADDRESS **19667 Turnberry Way**
 4.4 CITY-ST-ZIP **Aventura, FL 33180**

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME **PD Grossbardt, Harold**
 5.3 STREET ADDRESS **19667 Turnberry Way**
 5.4 CITY-ST-ZIP **Aventura, FL 33180**

6.1 TITLE ☒ Change ☐ Addition
 6.2 NAME **TD Waldman, Leo**
 6.3 STREET ADDRESS **19667 Turnberry Way**
 6.4 CITY-ST-ZIP **Aventura, FL 33180**

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.

SIGNATURE: X

Harold "Nobby" Grossbardt

March 31, 98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032500

CR2E037 (10/97)