

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0027408

**DOCUMENT # 748150**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1980227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*LEE PATRONE*  
**LEE PATRONE**

**3-18-02**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDMAN, MAX 19667 TURNBERRY WAY AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAGHA, ABRAHAM 19667 TRUNBERRY WAY AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YADGAROFF, JOSEPH 19667 TURNBERRY WAY AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YADGAROFF, JOSEPH 19667 TURNBERRY WAY AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROSSBARDT, HAROLD 19667 TURNBERRY WAY AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDMAN, LEO 19667 TURNBERRY WAY AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joel August 19667 Turnberry Way Aventura, Fla. 33180	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Abraham Zagha 19667 Turnberry Way Aventura, Fla. 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Norman Schreiber 19667 Turnberry way Aventura, Fla. 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph Gindi 19667 Turnberry Way Aventura, Fla. 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Martin Hazen 19667 Turnberry way Aventura, Fla. 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Burton Klein 19667 Turnberry way Aventura, Fla. 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:

*JOEL AUGUST*  
**JOEL AUGUST, PRES** 3-19-02 (305) 935-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)