

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748150

FILED
Jan 03, 2008
Secretary of State

Entity Name: TURNBERRY ISLE SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19667 TURNBERRY WAY
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

19667 TURNBERRY WAY
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 59-1980227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAXBERG, BARRY I
25 SE AVE #730
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIEGAL, JACK
Address: 19667 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: ZAGHA, ABRAHAM
Address: 19667 TRUNBERY WAY
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: SCHREIBER, NORMAN
Address: 19667 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: TD () Delete
Name: GINDI, JOSEPH
Address: 19667 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: PERESS, MIKE
Address: 19667 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SINGERMAN, GIBBY
Address: 19667 TURNBERRY WAY
City-St-Zip: AVENTURE, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE PERESS

SD

01/03/2008

Electronic Signature of Signing Officer or Director

Date