

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764985

FILED
Apr 30, 2009
Secretary of State

Entity Name: MARINA TOWER OF TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19500 TURNBERRY WAY
N. MIAMI BEACH, FL 33180

New Principal Place of Business:

19500 TURNBERRY WAY
AVENTURA, FL 33180

Current Mailing Address:

19500 TURNBERRY WAY
N. MIAMI BEACH, FL 33180

New Mailing Address:

19500 TURNBERRY WAY
AVENTURA, FL 33180

FEI Number: 59-2221794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAFFE, ROBERT H ESQ.
12000 BISCAYNE BLVD.
SUITE 803
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

YAFFE, ROBERT H ESQ.
12000 BISCAYNE BLVD.
SUITE 810
MIAMI, FL 33181 US

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: _____

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MEHANI, HERSEL
Address: 19500 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: TD () Delete
Name: SHAMAN, EDDIE
Address: 19500 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: STEINBERG, DAVID
Address: 19500 TURNBERRY WY
City-St-Zip: AVENTURA, FL 33180

Title: PD () Delete
Name: HAMAQOI, HALFON
Address: 19500 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: BEYDA, JACK
Address: 19500 TURNBERRY WY
City-St-Zip: AVENTURA, 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:

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: HALFON HAMAQOI

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date