

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748150

**Entity Name:** TURNBERRY ISLE SOUTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**19667 TURNBERRY WAY  
AVENTURA, FL 33180**Current Mailing Address:**19667 TURNBERRY WAY  
AVENTURA, FL 33180**FEI Number:** 59-1980227**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLAXBERG, BARRY I  
25 SE AVE  
#730  
MIAMI, FL 33131 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OFFENBERG, BERNARD  
Address        19667 TRUNBERY WAY  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            FALLAS, EDDIE  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            FRANCO, ABE  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

Title            TREASURER  
Name            FLEISHER, ANDREW  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            PERESS, MIKE  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            CAICEDO, MIMI  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            HOBERMAN, PABLO  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            SCHREIBER, NORMAN  
Address        19667 TURNBERRY WAY  
City-State-Zip: AVENTURA FL 33180

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*I hereby 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 all other like empowered.*

**SIGNATURE:** EDDIE FALLAS

VP

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	DAYAN, ALBERTO
Address	19667 TURNBERRY WAY
City-State-Zip:	AVENTURA FL 33180