2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009038

Entity Name: TURNBERRY VILLAGE NORTH TOWER CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

20000 EAST COUNTRY CLUB DR AVENTURA, FL 33180

Current Mailing Address:

20000 EAST COUNTRY CLUB DR. C/O: MANAGEMENT OFFICE AVENTURA, FL 33180 US

FEI Number: 20-4185406 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISINGER LAW EISINGER LAW 4000 HOLLYWOOD BOULEVARD PRESIDENTIAL CIRCLE • SUITE 265-S HOLLYWOOD, FL 33021 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: ANDREW I. LEWIS 04/28/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PΠ Title SECRETARY

CATTON, HARRY Name Name OBARZANEK, EVA

Address MANAGEMENT OFFICE Address MANAGEMENT OFFICE 20000 EAST COUNTRY CLUB DR. 20000 EAST COUNTRY CLUB DR.

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR Title DIRECTOR

Name BISOU, JESSY Name MASSRY, MARK

Address 20000 EAST COUNTRY CLUB DR Address 20000 EAST COUNTRY CLUB DR

AVENTURA FL 33180 City-State-Zip: City-State-Zip: AVENTURA FL 33180

Title VΡ Title **TREASURE**

Name PONTES, ALISON Name SIMCHA, ELYAHU

Address 20000 EAST COUNTRY CLUB DR. 20000 EAST COUNTRY CLUB DR. Address

C/O: MANAGEMENT OFFICE C/O: MANAGEMENT OFFICE

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

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: HARRY CATTON **PRESIDENT** 04/28/2022

FILED Apr 28, 2022

Secretary of State

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