

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009982

**Entity Name:** TURNBERRY OCEAN COLONY MASTER ASSOCIATION, INC.

**FILED**  
**Jan 06, 2021**  
**Secretary of State**  
**3017830203CC**

**Current Principal Place of Business:**

16049 COLLINS AVENUE  
MASTER ASSOCIATION  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16049 COLLINS AVENUE  
MASTER ASSOCIATION  
SUNNY ISLES BEACH, FL 33160

**FEI Number: 20-3546052**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKRLD, INC  
201 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 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: GARY MARS**

**01/06/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MURPHY, JOSEPH  
Address        16049 COLLINS AVENUE  
                  MASTER ASSOCIATION  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            GOLDSMITH, CHARLES DR.  
Address        16049 COLLINS AVENUE  
                  MASTER ASSOCIATION  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            KLEINMAN, CALVIN  
Address        16049 COLLINS AVENUE  
                  MASTER ASSOCIATION  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            TREASURER  
Name            OSTROV, PAUL  
Address        16049 COLLINS AVENUE  
                  MASTER ASSOCIATION  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SECRETARY  
Name            KAUFMAN, MICHAEL  
Address        16049 COLLINS AVE  
City-State-Zip: SUNNY ISLES FL 33160

*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: JOSEPH MURPHY**

**PRESIDENT**

**01/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date