

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N05000009982

Entity Name: TURNBERRY OCEAN COLONY MASTER ASSOCIATION, INC.

**FILED
Dec 01, 2015
Secretary of State
CC9333972452**

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:

GOLDSMITH, CHARLES DR.
16049 COLLINS AVENUE
MASTER ASSOCIATION
SUNNY ISLES BEACH, FL 33160 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: DR. CHARLES GOLDSMITH

12/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name NEMAN, SHAHRIYAR
Address 16049 COLLINS AVENUE
MASTER ASSOCIATION
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title SECRETARY
Name CROUSE, LINDA DR.
Address 16049 COLLINS AVENUE
MASTER ASSOCIATION
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

PRESIDENT

12/01/2015

Electronic Signature of Signing Officer/Director Detail

Date