


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 735543**

1. Entity Name  
**THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB, INC.**



Principal Place of Business 20400 NE 30 AVE MIAMI, FL 33180 US	Mailing Address 20400 NE 30 AVE MIAMI, FL 33180 US
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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1673246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARON, AMIR (DR.)  
 20400 N.E. 30 AVE  
 MIAMI, FL 33180

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000153262  
 05/04/04-80121-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABSHER, MARGO 19500 TURNBERRY WAY #21A AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB WILLIAM, LANDA 19955 NE 38TH COURT #1903 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDAN, MARK 19954 NE 39TH PLACE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KESSLER EUGENE 20400 N.E. 30TH AVE. MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CYNAMON, VICTOR 19101 MYSYIC POINTE DR #2701 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERLOW, MAYOR J 20026 NE 30TH PLACE MIAMI, FL 33180

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Amir Baron Ex. U.P 4-29-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #