

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

07-14-2008 90029 018 ****61.25

DOCUMENT # 747953

1. Entity Name
TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**19707 TURNBERRY WAY
AVENTURA, FL 33180**

Mailing Address
**19707 TURNBERRY WAY
AVENTURA, FL 33180**

66015898



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06162008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1921135

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINHARD, SANFORD N.
2875 N.E. 191ST STREET, SUITE 404
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KAMPEAS, LIZA
19707 TURNBERRY WAY, #4C
MIAMI, FL 33180** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ALFRED MILLER
19707 TURNBERRY WAY #278
AVENTURA, FLORIDA 33180** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HADDAD, CHARLES
701 AVENUE K
BROOKLYN, NY 11230** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
STEVEN FRIEDFERTIG
19707 TURNBERRY WAY #12A
AVENTURA, FLORIDA 33180** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SUTTON, JOSEPH
900 ROUTE 9
WOODBIDGE, NJ 07095** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
KONIG, ARLENE
19707 TURNBERRY WAY, 27C
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COHEN, VICTOR
718 AVENUE K
BROOKLYN, NY 11230** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GART, SONDR
19707 TURNBERRY WAY, 9C
AVENTURA, FL 33180** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ASIAN GREEN
19707 TURNBERRY WAY PHF
AVENTURA, FLORIDA 33180** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-6-2008

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 747953					
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1921135	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REINHARD, SANFORD N. 2875 N.E. 191ST STREET, SUITE 404 AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KAMPEAS, LIZA 19707 TURNBERRY WAY, #4C MIAMI, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MORTON KALIN 19707 TURNBERRY WAY #18A AVENTURA, FLORIDA 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDAD, CHARLES 70 AVENUE K BROOKLYN, NY 11230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUTTON, JOSEPH 900 ROUTE 9 WOODBIDGE, NJ 07065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KONIG, ARLENE 19707 TURNBERRY WAY, #7C AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, VICTOR 725 AVENUE K BROOKLYN, NY 11230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GART, SONDR 19707 TURNBERRY WAY, 9C AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

66015898

08182008 Chg-NP CR2E037 (12/08)