AMENDED

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-18-2008 90003 019 ****61.25
747953

DOCUMENT # 747953

1. Entity Name
TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.

FILED
08 AUG 21 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
19707 TURNBERRY WAY AVENTURA, FL 33180	19707 TURNBERRY WAY AVENTURA, FL 33180

08142008 Chg-NP CR2E037 (12/06)

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 _____ 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 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 P NAME STREET ADDRESS CITY-ST-ZIP	ALFRED MILLER 19707 TURNBERRY WAY 37J AVENTURA, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HADDAD, CHARLES 701 AVENUE K BROOKLYN, NY 11230	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	STEVEN FRIEDFERTIG 19707 TURNBERRY WAY 19A AVENTURA, FL. 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SUTTON, JOSEPH 900 ROUTE 9 WOODBRIDGE, NJ 07095	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KONIG, ARLENE 19707 TURNBERRY WAY, 27C AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/21	☐ 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, SONDRA 19707 TURNBERRY WAY, 9C AVENTURA, FL 33180	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	AL GREEN 1439 E 36 ST B'KLYN, NY 11210	☐ 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: _____ Secr 8/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

ATTACHMENT

DOCUMENT # 747953

1. Entity Name
TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

40113782

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19707 TURNBERRY WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA FLORIDA	City & State: FLORIDA
Zip: 33180 Country	Zip Country

4. FEI Number: 59-1981135 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 _____ DATE

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

FEE IS $61.25 Initial or Amended AR

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

TITLE S	MORTON KALIN
NAME	
STREET ADDRESS	19707 TURNBERRY WAY 18A
CITY-ST-ZIP	AVENTURA, FL. 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #