

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90168 032 \*\*\*\*61.25

0030087

**DOCUMENT # 747953**

1. Entity Name  
**TURNBERRY ISLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**19707 TURNBERRY WAY  
NORTH MIAMI BEACH FL 33180**

Mailing Address  
**19707 TURNBERRY WAY  
NORTH MIAMI BEACH FL 33180**

2. Principal Place of Business  
**19707 TURNBERRY WAY**

3. Mailing Address  
**19707 TURNBERRY WAY**

Suite, Apt. #, etc.

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA, FL**

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

4. FEI Number **59-1921135**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N.  
2875 N.E. 191ST STREET, SUITE 404  
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name  
**REINHARD, SANFORD N.**

Street Address (P.O. Box Number is Not Acceptable)  
**2875 N.E. 191 STREET, SUITE 404**

City  
**AVENTURA**

State  
**FL**

Zip Code  
**33180**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FRIEDFERTIG, STEVEN 19707 TURNBERRY WAY, #12A AVENTURA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP PUDER, BERNARD 19707 TURNBERRY WAY, #27J AVENTURA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WITTE, DELORIS 19707 TURNBERRY WAY #7F AVENTURA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP KLEIN, MYLES 19707 TURNBERRY WAY, #15G AVENTURA FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KALIN, MORTON 19707 TURNBERRY WAY, #18AB AVENTURA FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KIRTMAN, MILTON 19707 TURNBERRY WAY, #21K AVENTURA FL 33180</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SHIFRIN, SYE 19707 TURNBERRY WAY, #22L AVENTURA, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Steven Friedfertig* **STEVEN FRIEDFERTIG** 4/7/03 (305) 931-6300

CR2E037 (10/02)