FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:36

DOCUMENT # H45303 (5)

1. Corporation Name
TURNBERRY SAVINGS AND LOAN ASSOCIATION

Principal Place of Business	Mailing Address
19575 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33180	19575 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2346559 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T ☐ Change ☒ Addition
NAME	JORDAN, CASTLE	1.2 NAME	COLE, BRIAN R
STREET ADDRESS	3554 OCEAN DR.	1.3 STREET ADDRESS	10901 NW 7th CT.
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	PLANTATION, FL. 33324
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ROARK	2.2 NAME	
STREET ADDRESS	10103 HIDDEN PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	LAZZERI, GUY L.	3.2 NAME	
STREET ADDRESS	2020 ALHAMBRA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, ARNOLD	4.2 NAME	
STREET ADDRESS	19707 TURNBERRY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DISKIN, LAURENCE	5.2 NAME	
STREET ADDRESS	12855 BISCAYNE BAY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MATZ, RUBEN	6.2 NAME	
STREET ADDRESS	11101 SW 75 CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: _____ BRIAN R. COLE 1-27-95 305 931-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01P067G CP