2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009014

Apr 30, 2010 Secretary of State

Entity Name: TURNBERRY VILLAGE SOUTH TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MANAGEMENT OFFICE 19900 EAST COUNTRY CLUB DR. AVENTURA, FL 33180

19900 E COUNTRY CLUB DR AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

C/O MANAGEMENT OFFICE C/O: MANAGEMENT OFFICE 20000 EAST COUNTRY CLUB DR. 19900 E COUNTRY CLUB DR AVENTURA, FL 33180 AVENTURA, FL 33180

FEI Number: 20-4185363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EISINGER, BROWN, LOUIS & FRANKEL, PA EISINGER, BROWN, LEWIS & FRANKEL, PA 4000 HOLLYWOOD BOULEVARD 4000 HOLLYWOOD BOULEVARD SUITE 265-S SUITE 265-S

HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US

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.

SIGNATURE: JOSH KRUT 04/30/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

GHELMAN, DAVID Name:

Address: MGMT. OFFICE - 20000 EAST COUNTRY CLUB DR.

City-St-Zip: AVENTURA, FL 33180

Title:

Name: NASHMAN, MORTON

Address: MGMT. OFFICE - 20000 EAST COUNTRY CLUB DR.

City-St-Zip: AVENTURA, FL 33180

Title: **VPSD**

KESSLER, JACK Name:

MGMT. OFFICE -20000 EAST COUNTRY CLUB DR. Address:

City-St-Zip: AVENTURA, FL 33180

Title: TD

Name: TAUBKIN, JORGE

MGMT. OFFICE -20000 EAST COUNTRY CLUB DR. Address:

City-St-Zip: AVENTURA, FL 33180

Title:

Name: BENSO, MARIA

MGMT. OFFICE -20000 EAST COUNTRY CLUB DR. Address:

City-St-Zip: AVENTUA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FABIOLA GUTIERREZ DE PINERES MGR 04/30/2010