# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# N05000009972

**Entity Name:** TURNBERRY OCEAN COLONY NORTH TOWER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16051 COLLINS AVENUE
SUITE 2804
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

16051 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16051 COLLINS AVENUE
SUITE 2804
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

16051 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

**FEI Number: 20-3546462** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KAPLAN, AVI
16051 COLLINS AVENUE
SUITE 2804
SUNNY ISLES BEACH, FL 33160 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KAPLAN, AVI
Address: 16051 COLLINS AVENUE, #2804
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPS ( ) Delete
Name: GENERALOV, IGOR
Address: 16051 COLLINS AVENUE, #1703
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPT ( ) Delete
Name: SHELOMOVITZ, BARRY
Address: 16051 COLLINS AVENUE, #3604
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AVI KAPLAN PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date