

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N05000009972

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

Current Principal Place of Business:

16051 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16051 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KAPLAN, AVI
Address: 16051 COLLINS AVENUE, #2804
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

Title: TREA (X) Change () Addition
Name: KAUFMAN, MICHAEL
Address: 16051 COLLINS AVENUE, # 3704
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DIR () Change (X) Addition
Name: SHELOMOVITZ, BARRY
Address: 16051 COLLINS AVENUE # 3604
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

Electronic Signature of Signing Officer or Director

PRES

01/13/2009

_____ Date