2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009973

FILED Oct 02, 2008 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

19950 WEST COUNTRY CLUB DRIVE **TENTH FLOOR**

16047 COLLINS AVENUE ADMINISTRATION OFFICE

AVENTURA, FL 33180

SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

New Mailing Address:

19950 WEST COUNTRY CLUB DRIVE **TENTH FLOOR**

16047 COLLINS AVENUE ADMINISTRATION OFFICE

AVENTURA, FL 33180

SUNNY ISLES BEACH, FL 33160

FEI Number: 20-3546531

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LIPAWSKY, STEVE 16047 COLLINS AVE

SUNNY ISLES BEACH, FL 33160 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: STEVE LIPAWSKY

Address:

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

LIPAWSKY, STEVE

Name:

19950 WEST COUNTRY CLUB DR 10TH FL Address:

City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete

WOLFE, GAVIN Name:

Address: 19950 WEST COUNTRY CLUB DR 10TH FL

City-St-Zip: AVENTURA, FL 33180

Title: STD () Delete

DICK, BOBBI Name:

19950 WEST COUNTRY CLUB DR 10TH FL Address:

City-St-Zip: AVENTURA, FL 33180

(X) Change () Addition

LIPAWSKY, STEVE Name: 16047 COLLINS AVE

City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VD (X) Change () Addition

Name: WOLFE, GAVIN

Address: 16047 COLLINS AVE

City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: STD (X) Change () Addition

Name: DICK, BOBBI Address: 16047 COLLINS AVE

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: STEVE LIPAWSKY PD 10/02/2008