2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N24204

Entity Name: TURNBERRY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3685 NE 195 TERRACE
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3685 NE 195 TERRACE
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0080888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSAN BERKNER
3685 NE 195 TERRACE
AVENTURA, FL 33180 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:	BERKNER, SUSAN	
Address:	3685 NE 195 TERR	
City-St-Zip:	AVENTURA, FL 33180	
Title:	VP	( ) Delete
Name:	AARONSON, MARILYN	
Address:	3693 NE 195 TERR	
City-St-Zip:	AVENTURA, FL 33180	
Title:	S	( ) Delete
Name:	TAUBER, ROBIN	
Address:	19569 NE 36TH PL	
City-St-Zip:	AVENTURA, FL 33180	
Title:	T	( ) Delete
Name:	AARONSON, MARILYN	
Address:	3693 NE 195 TR	
City-St-Zip:	AVENTURA, FL 33180	
Title:	T	( ) Delete
Name:	SILVERMAN, JUDY	
Address:	19953 NE. 37 AVE.	
City-St-Zip:	AVENTURA, FL 33180	
Title:	D	( ) Delete
Name:	SILVERMAN, BARRY DR.	
Address:	19953 NE 37 AVE	
City-St-Zip:	AVENTURA, FL 33180	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PRES	(X) Change ( ) Addition
Name:	BERKNER, SUSAN	
Address:	3685 NE 195 TERR	
City-St-Zip:	AVENTURA, FL 33180	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SUSAN BERKNER PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date