


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000008654
 1. Entity Name
 CONTINUUM ON SOUTH BEACH MASTER ASSOCIATION, INC.



Principal Place of Business 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139	Mailing Address 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139
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03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3722946	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HYMAN, KAPLAN, GANGUZZA, SPECTER & HARS
 ATTN: MICHAEL HYMAN ESQ
 150 W FLAGLER STREET, 27TH FLOOR
 MIAMI, FL 33130

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 U00000726094
 05/03/07 80049 005 61.25

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EICHNER, STUART 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VON HANAU, HEINRICH 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STQ WILLIAMS, DOUGLAS 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/18/07 Date
 305.938.4240 Daytime Phone #