


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N03000001598

1. Entity Name
MURANO GRANDE AT PORTOFINO MASTER ASSOCIATION, INC.



Principal Place of Business 400 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 400 ALTON ROAD MIAMI BEACH, FL 33139
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02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1151708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGEL, DAVID H ESQ
 BECKER & POLIAKOFF, P.A.
 CORAL GABLES, FL 33134**

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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) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE P	NAME STIMMEL, JOHN	STREET ADDRESS 4500 ALTON RD, 3801	CITY-ST-ZIP MIAMI BEACH, FL 33139
TITLE VP	NAME WASERSTEIN, STEVE	STREET ADDRESS 400 ALTON RD, 2110	CITY-ST-ZIP MIAMI BEACH, FL 33139
TITLE S	NAME BAIRD, JULIE	STREET ADDRESS 400 ALTON ROAD #701	CITY-ST-ZIP MIAMI BEACH, FL 33139
TITLE ST	NAME BAIRD, JULIE	STREET ADDRESS 450 ALTON RD, 701	CITY-ST-ZIP MIAMI BEACH, FL 33139
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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 03/26/08-80044-007 61.25

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]* **Vice Pres.** 03-01-2008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #