## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N05000007934 FILED 1. Entity Name Sep 23, 2008 08:00 AM Secretary of State VENTURE AT AVENTURA MASTER ASSOCIATION, INC. Principal Place of Business Mailing Address 18800 NE 29 AVENUE 18800 NE 29 AVENUE AVENTURA, FL 33180 AVENTURA, FL 33180 06062008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3260453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA DO NOT WRITE 121 ALHAMBRA PLAZA 10TH FLOOR IN THIS SPACE CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) 9. Election Campaign Financing \$5.00 May Bo Filling Fee is \$61.25 Trust Fund Contribution, Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. MILE NAME EDELBOIM, MORGAN STREET ADDRESS 18800 NE 29 AVE, #320 CITY-ST-ZIP AVENTURA, FL 33180 *U*00000959930 TITLE WEINTRAUB, VICKI 09/23/08-80001-001 61.25 NAME STREET ADDRESS 18800 NE 29 AVE, #720 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME ZELNICK, H ROSS STREET ADORESS 2775 NE 187 STREET, #423 DO NOT WRITE CITY-ST-ZIP AVENTURA, FL 33180 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-7IP

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 THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

Davilina Phone #