

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2009
Secretary of State**

DOCUMENT# N05000007934

Entity Name: VENTURE AT AVENTURA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

18800 NE 29 AVENUE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18800 NE 29 AVENUE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3260453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLES, FL 33134 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: EDELBOIM, MORGAN
Address: 18800 NE 29 AVE, #320
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: WEINTRAUB, VICKI
Address: 18800 NE 29 AVE, #720
City-St-Zip: AVENTURA, FL 33180

Title: STD () Delete
Name: ZELNICK, H ROSS
Address: 2775 NE 187 STREET, #423
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEINTRAUB, VICKI
Address: 18800 NE 29 AVE, #720
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change () Addition
Name: ZELNICK, H ROSS
Address: 2775 NE 187 STREET, #423
City-St-Zip: AVENTURA, FL 33180

Title: STD (X) Change () Addition
Name: SCHUMAN, PAUL
Address: 18800 NE 29 AVE, #723
City-St-Zip: AVENTURA, FL 33180

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: VICKI WEINTRAUB

PD

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date