FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001393356

DOCUMENT # N19990 (3)

1. Corporation Name
SOUTH POINTE MASTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
c/o: Matthew B. Gorson ~~% MATTHEW B. GORSON~~ 1221 BRICKELL AVE MIAMI FL 33134	c/o: Matthew B. Gorson ~~C/O MATTHEW B. GORSON~~ 1221 BRICKELL AVE MIAMI FL 33134

3. Date Incorporated or Qualified: 04/06/1987
3a. Date of Last Report: 01/19/1994
4. FEI Number: 65-0038651 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC
1201 HAYES STREET 2ND FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	~~REICH, STUART~~	1.2 NAME	HANAU, HEINRICH	
STREET ADDRESS	~~446 COLLINS AVE~~	1.3 STREET ADDRESS	446 COLLINS AVE	
CITY-ST-ZIP	~~MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVS	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, JASON	2.2 NAME		
STREET ADDRESS	20000 E. COUNTRY CLUB DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP		
TITLE	DVT	3.1 TITLE		☐ Change ☐ Addition
NAME	RESNICK, EDWARD	3.2 NAME		
STREET ADDRESS	400 S. POINTE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP		
TITLE	~~TD~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~JONES, WILLIAM JARELL~~	4.2 NAME	NONE DELETE	
STREET ADDRESS	~~P.O. BOX 1700~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~STATESBORA GA~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	2/7/95 MSF	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JASON ROBERTSON 1/31/95 305-673-2010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0006965

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

csc networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 537772 4656A

AUTHORIZATION : Patricia Piggitt

COST LIMIT : $ 130.00

ORDER DATE : February 7, 1995

ORDER TIME : 11:22 AM

ORDER NO. : 537772

CUSTOMER NO: 4656A

NEED TODAY

CUSTOMER: Elizabeth Galvin, Legal Asst
Greenberg Traurig Hoffman
P. O. Box 12890

Miami, FL 33101-2890

RECEIVED
95 FEB -7 PM 12:01
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: SOUTH POINT MASTER ASSOCIATION INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Charlotte Humbert

EXAMINER'S INITIALS: MSt 2/7/95