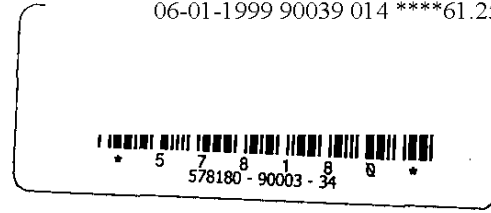


FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90039 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N19990					
1. Corporation Name SOUTH POINTE MASTER ASSOCIATION, INC.					
Principal Place of Business 400 S POINTE DR #300 MIAMI BCH FL 33139 US			Mailing Address 400 S POINTE DR #300 MIAMI BCH FL 33139 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0038651	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION INFORMATION SERVICES INC 1201 HAYES STREET 2ND FLOOR TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	☐ DELETE		1.1 TITLE	P/D BLAIR JERRY		
NAME	BLAIR, JERROED			1.2 NAME	300 S. POINTE DR.		
STREET ADDRESS	300 S POINTE DR			1.3 STREET ADDRESS	M.B. FL		
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		2.1 TITLE	S/D ESTHER VIDAURRETA		
NAME	RUBIN, HERMAN			2.2 NAME	400 S. POINTE DR.		
STREET ADDRESS	400 S POINTE DR			2.3 STREET ADDRESS	MIAMI BCH FL		
CITY-ST-ZIP	MIAMI BCH FL			2.4 CITY-ST-ZIP			
TITLE	PD	☒ DELETE		3.1 TITLE	V/P/D JERE BISHOP		
NAME	RESNICK, EDWARD			3.2 NAME	400 S. POINTE DR.		
STREET ADDRESS	400 S. POINTE DRIVE			3.3 STREET ADDRESS	MIAMI BCH FL		
CITY-ST-ZIP	MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		4.1 TITLE			
NAME	COVIAN, JUAN			4.2 NAME			
STREET ADDRESS	300 S POINTE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL			4.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		5.1 TITLE	V/P/D GARRET JOYCE		
NAME	GARRET, JOYCE			5.2 NAME	300 S. POINTE DR.		
STREET ADDRESS	300 S POINTE DR			5.3 STREET ADDRESS	M.B. FL		
CITY-ST-ZIP	MIAMI BCH FL			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)