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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

578180 - 90003 - 34

DOCUMENT # **N19990**

1. Corporation Name
SOUTH POINTE MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 S POINTE DR #300 MIAMI BCH FL 33139 US	400 S POINTE DR #300 MIAMI BCH FL 33139 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/06/1987

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

9. Name and Address of Current Registered Agent

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

POSTED

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 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 _____ 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	VP	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BLAIR, JERROED		1.2 NAME	BLAIR JERRY	
STREET ADDRESS	300 S POINTE DR		1.3 STREET ADDRESS	300 S. Pointe Dr.	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	M.B. Fl.	
TITLE	D	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	RUBIN, HERMAN		2.2 NAME	Esther Vidaurreta	
STREET ADDRESS	400 S POINTE DR		2.3 STREET ADDRESS	400 S. Pointe Dr.	
CITY-ST-ZIP	MIAMI BCH FL		2.4 CITY-ST-ZIP	Miami Bch Fl	
TITLE	PD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	RESNICK, EDWARD		3.2 NAME	Jere Bishop	
STREET ADDRESS	400 S. POINTE DRIVE		3.3 STREET ADDRESS	400 S. Pointe Dr.	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Miami Bch Fl	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	VPD	☒ Change ☐ Addition
NAME	GARRET, JOYCE		5.2 NAME	Garret Joyce	
STREET ADDRESS	300 S POINTE DR		5.3 STREET ADDRESS	300 S. Pointe Dr.	
CITY-ST-ZIP	MIAMI BCH FL		5.4 CITY-ST-ZIP	M.B. Fl.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Mailed 5/24/99

MAY 25 1999

CR2E037 (11/98)

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 617, 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: Jerrold Blair President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #