

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 034 ****61.25

DOCUMENT # N19990 1. Entity Name PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.					
Principal Place of Business 300 SOUTH POINTE DRIVE L-2 MIAMI BCH, FL 33139 US			Mailing Address 300 SOUTH POINTE DRIVE L-2 MIAMI BCH, FL 33139 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04042008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0038651	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HABER, DAVID B P.A. 1 S.E. 3RD AVE SUITE 1820 SUN TRUST INT'L CENTER MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, JERRY 300 SOUTH POINTE DR. #3103 MIAMI, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, STEVEN 400 SOUTH POINTE DR #311 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ernst Rosenkantz 400 S. Pointe Dr. Unit 0501 Miami Beach FL 33139 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENNON, JOHN 300 SOUTH POINTE DR. #506 MIAMI, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYHEW, WILLIAM 400 SOUTH POINTE DR. UNIT 1110 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIMMER, AARON 300 SOUTH POINTE DR. UNIT 2604 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nicolas Miele 400 S. Pointe Dr. Unit 608 MIAMI BEACH, FL 33139 ☐ Change ☒ Addition	
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: _____			04-7-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		