2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N19990

Entity Name: PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

300 SOUTH POINT DRIVE
L-2
MIAMI BCH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

300 SOUTH POINT DRIVE
L-2
MIAMI BCH, FL 33139 US

New Mailing Address:

FEI Number: 65-0038651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 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:	BLAIR, JERRY	
Address:	300 SOUTH POINTE DR. #3103	
City-St-Zip:	MIAMI, FL 33139	
Title:	VP	( ) Delete
Name:	ROSENKRANTZ, ERNST	
Address:	400 S. POINTE DR. UNIT 0501	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	LENNON, JOHN	
Address:	300 SOUTH POINTE DR. #506	
City-St-Zip:	MIAMI, FL 33139	
Title:	T	( ) Delete
Name:	SWIMMER, AARON	
Address:	300 SOUTH POINTE DR. UNIT 2604	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	S	( ) Delete
Name:	MIELE, NICOLAS	
Address:	400 S.POINTE DR. UNIT 608	
City-St-Zip:	MIAMI BEACH, FL 33139	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	ROSSINI, CARLOTTA	
Address:	400 S. POINTE DR. UNIT 1005	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JERRY BLAIR PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date