2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19990

FILED Apr 20, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

300 SOUTH POINT DRIVE 300 SOUTH POINTE DRIVE

L-2

MIAMI BCH, FL 33139 US MIAMI BCH, FL 33139 US

Current Mailing Address: New Mailing Address:

300 SOUTH POINT DRIVE 300 SOUTH POINTE DRIVE

MIAMI BCH, FL 33139 US MIAMI BCH, FL 33139 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HABER, DAVID B P.A. 1 S.E. 3RD AVE SUITE 1820 SUN TRUST INT'L CENTER MIAMI, FL 33131 US

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

Name: BLAIR, JERROLD

Address: 300 SOUTH POINTE DR. #3103

City-St-Zip: MIAMI, FL 33139

Title: VPD

 Name:
 KRAWITZ, MICHAEL

 Address:
 400 S. POINTE DR. UNIT 2204

 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: SD

Name: LENNON, JOHN

Address: 300 SOUTH POINTE DR. #506

City-St-Zip: MIAMI, FL 33139

Title: TD

Name: LLOYD, OIVA

Address: 300 SOUTH POINTE DR. UNIT 2806

City-St-Zip: MIAMI BEACH, FL 33139

Title:

Name: NOLAN, JACK

Address: 400 S.POINTE DR. UNIT 1908 City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: JERROLD BLAIR PD 04/20/2011