

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 05, 2012
Secretary of State

DOCUMENT# N19990

Entity Name: PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**300 SOUTH POINTE DRIVE
L-2
MIAMI BCH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**300 SOUTH POINTE 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 ()****Name and Address of Current Registered Agent:**HABER, DAVID B P.A.
201 SOUTH BISCAYNE BLVD
STE 1205
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
Name: STARKMAN, RONALD
Address: 300 SOUTH POINTE DR.
City-St-Zip: MIAMI, FL 33139**Title:** VPD
Name: KRAWITZ, MICHAEL
Address: 400 S. POINTE DR.
City-St-Zip: MIAMI BEACH, FL 33139**Title:** SD
Name: LENNON, JOHN
Address: 300 SOUTH POINTE DR.
City-St-Zip: MIAMI, FL 33139**Title:** TD
Name: LLOYD, OIVA
Address: 300 SOUTH POINTE DR.
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D
Name: NOLAN, JACK
Address: 400 S.POINTE DR.
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: RONALD STARKMAN

PD

04/05/2012

Electronic Signature of Signing Officer or Director

Date