2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State
03-18-2003 90067 046 ****70.00

DOCUMENT # N19990

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

Principal Place of Business	Mailing Address
300 SOUTH POINT DRIVE L-2 MIAMI BCH FL 33139 US	300 SOUTH POINT DRIVE L-2 MIAMI BCH FL 33139 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0038651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERTNOY, SOLOWSKY, ALLEN & HABER, P.A.
150 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: DAVID B. HABER, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3rd AVE Suite 1820
SUN TRUST INT'L CENTER
City: MIAMI FL Zip Code: 33131

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) DATE

FILE NOW: FEE IS $61.25

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOODALE, TIMOTHY 400 SOUTH POINTE DR., #2201 MIAMI BEACH FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Krawitz, Michael 400 South Pointe Dr. # 2204 Miami Beach FL 33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LENNON, JOHN 300 SOUTH POINTE DR. #506 MIAMI FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COVIAN, JUAN 300 SOUTH POINTE DR. #2204 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD BLISS, EDWIN 400 SOUTH POINTE DR., #2202 MIAMI BEACH FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR Vidaurreta, Esther 400 South Pointe Dr. #1210 Miami Beach, FL 33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: SIGNATURE REQUIRED 2/12/03 3055343378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR