♣005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N19990 1. Entity Name PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.				>	5-02-2005 904	144 033 ****70.00		
300 SOUTH POINT DRIVE 30		Mailing Address 300 SOUTH POINT DRIVE L-2	300 South Point Drive					
MIAMI BCH, 1	FL 33139 US	MIAMI BCH, FL 33139	US	 	1			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005	Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 65-00386	51	Applied Not Ap	d For plicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Addition Fee Required	al	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Reg	Istered Agent		
HABER, DAVID 8 P.A.			Name	Name				
1 S.E. 3RD AVE SUITE 1820			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	ST INT'L CENTER		4.	<u></u>		· 	_	
MIAMI, FL	33131		- City			₽ ∎ Zip Code		
			City			FL Zip Code		
	named entity submits this statement folions of registered agent.	the purpose of changing its re	gistered office or I	registered agent, or both, i	n the State of Florid	a. I am familiar with, and	accept	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signatur	re required when reinstating)		OATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		OATE Se check payable to a Department of State	<u> </u>	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Florida	e check payable to		
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Camp Trust Fund Cor	naign Financing ntribution.	\$5.00 May Be Added to Fees	Florida	te check payable to a Department of State] Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

au 105 305.534.4422