2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
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
Name: BLAIR, JERRY
Address: 300 SOUTH POINTE DR. #3103
City-St-Zip: MIAMI, FL 33139

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

Title: D
Name: LENNON, JOHN
Address: 300 SOUTH POINTE DR. #506
City-St-Zip: MIAMI, FL 33139

Title: T
Name: OWENS, RICHARD
Address: 300 SOUTH POINTE DR. UNIT 403
City-St-Zip: MIAMI BEACH, FL 33139

Title: S
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 04/20/2010
Electronic Signature of Signing Officer or Director Date