

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001598

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC8591206370**

**Entity Name:** MURANO GRANDE AT PORTOFINO MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

400 ALTON ROAD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

400 ALTON ROAD  
MIAMI BEACH, FL 33139

**FEI Number: 57-1151708**

**Certificate of Status Desired: No**

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

SRLD&S, PA.  
201 ALHAMBRA CIRCLE  
SUITE 603  
CORAL GABLES, FL 33134 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

**Officer/Director Detail :**

Title P  
Name STIMMEL, JOHN  
Address 450 ALTON RD, 3801  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name MARIE, PETER  
Address 400 ALTON RD, TH7M  
City-State-Zip: MIAMI BEACH FL 33139

Title ST  
Name LOGAN, BRYAN  
Address 450 ALTON ROAD, UNIT 1103  
City-State-Zip: MIAMI 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: JOHN STIMMEL**

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date