

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003025

Entity Name: PARC CENTRAL AVENTURA MASTER ASSOCIATION, INC.**Current Principal Place of Business:**3300 NE 191 ST
AVENTURA, FL 33180**Current Mailing Address:**3300 NE 191 ST
MANAGEMENT OFFICE
AVENTURA, FL 33180**FEI Number:** 26-0110119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATION LAW GROUP
1200 BRICKELL AVENUE
PH 2000
MIAMI, FL 33131 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:** BEN SOLOMON

03/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PDS
Name MCMILLAN, GARY
Address 3300 NE 191 ST
511
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name WOLF, ROBERT
Address 404 FIFTH AVENUE, 4TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name URUNGU, CHARLES
Address 3300 NE 191 ST
112
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name SINGLETARY, JIM
Address 3300 NE 192 ST
1612
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name CHETRIT, JUDA
Address 404 FIFTH AVENUE, 4TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name MEYER, CHETRIT
Address 404 FIFTH AVENUE, 4TH FLOOR
City-State-Zip: NEW YORK FL 10018

Title TREASURER
Name VILLEGAS, PEDRO
Address 3300 NE 192 ST
1413
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name COSTA, ROSALIE
Address 3300 NE 191 ST
LP12
City-State-Zip: AVENTURA FL 33180

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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: GARY MCMILLAN

PRESIDENT

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | LUMER, GUSTAVO |
| Address | 3300 NE 192 ST PH11 |
| City-State-Zip: | AVENTURA FL 33180 |