

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002346

**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**0053812554CC**

**Entity Name:** TEN MUSEUM PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1040 BISCAYNE BLVD  
MIAMI, FL 33132

**Current Mailing Address:**

1040 BISCAYNE BLVD  
MIAMI, FL 33132 US

**FEI Number:** 39-2051321

**Certificate of Status Desired:** No

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

GURSKY RAGAN, P.A.  
14 NE 1ST AVENUE  
SECOND FLOOR  
MIAMI, FL 33132 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:** DARIN GURSKY

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           VENGER, KEVIN  
Address        1040 BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33132

Title           DIRECTOR  
Name           OPPENHEIM, CHAD  
Address        1040 BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33132

Title           DIRECTOR  
Name           PIERCE, RANDE  
Address        1040 BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33132

Title           DIRECTOR  
Name           MATTLI, GREGOR  
Address        1040 BISCAYNE BLVD  
                  900  
City-State-Zip: MIAMI FL 33132

Title           VP  
Name           ZOEBELE, FRANCESCA  
Address        1040 BISCAYNE BLVD  
                  900  
City-State-Zip: MIAMI FL 33132

Title           DIRECTOR  
Name           HANLON, MICHAEL  
Address        1040 BISCAYNE BLVD  
                  900  
City-State-Zip: MIAMI FL 33132

Title           SECRETARY, TREASURER  
Name           OPPENHEIM, ILONA  
Address        1040 BISCAYNE BLVD  
                  900  
City-State-Zip: MIAMI FL 33132

Title           DIRECTOR  
Name           QUINTANA, DAVID  
Address        1040 BISCAYNE BLVD  
                  900  
City-State-Zip: MIAMI FL 33132

**Continues on page 2**

*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:** KEVIN VENGER

PRESIDENT

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

