

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19990

Entity Name: PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

300 S POINTE DRIVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33139

Current Mailing Address:

300 SOUTH POINTE DRIVE
MANAGEMENT OFFICE
MIAMI BCH, FL 33139 US

FEI Number: 65-0038651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE 11TH FLOOR
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 DIRECTOR
Name GERTIE, JAMES
Address 400 SOUTH POINTE DRIVE
MANAGEMENT OFFICE
City-State-Zip: MIAMI BCH FL 33139

Title PRESIDENT
Name HERMAN, ALYSON
Address 300 SOUTH POINTE DR.
MANAGEMENT OFFICE
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY
Name FERRETTI, ALESSANDRO
Address 300 SOUTH POINTE DR,
MANAGEMENT OFFICE
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name TANNURA , NICK
Address 300 SOUTH POINTE DRIVE
MANAGEMENT OFFICE
City-State-Zip: MIAMI BCH FL 33139

Title VP
Name OLSON , STEPHEN
Address S POINTE DRIVE
MANAGEMENT OFFICE
City-State-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: ALYSON HERMAN

PRESIDENT

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date