

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 VP  
Name ZYCHICK , JOEL  
Address 400 SOUTH POINTE DRIVE  
MANAGEMENT OFFICE UNIT 404  
City-State-Zip: MIAMI BCH FL 33139

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

Title TREASURER  
Name MERDINGER, STEVEN  
Address 300 S POINTE DRIVE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT  
Name HERMAN, ALYSON  
Address 300 SOUTH POINTE DR.  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139  
  
Title DIRECTOR  
Name TANNURA , NICK  
Address 300 SOUTH POINTE DRIVE  
MANAGEMENT OFFICE 3603  
City-State-Zip: MIAMI BCH 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**

**07/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date