

2021 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	VP
Name	ZYCHICK , JOEL
Address	400 SOUTH POINTE DRIVE MANAGEMENT OFFICE UNIT 404
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	DIRECTOR
Name	TANNURA , NICK
Address	300 SOUTH POINTE DRIVE MANAGEMENT OFFICE 3603
City-State-Zip:	MIAMI BCH FL 33139

Title	TREASURER
Name	MERDINGER, STEVEN
Address	300 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

02/25/2021

Electronic Signature of Signing Officer/Director Detail_____
Date