

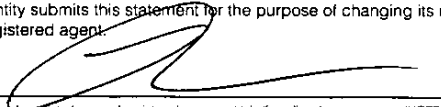
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May 21, 2007 8:00 am
Secretary of State

05-21-2007 90062 001 ***183.75

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02152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000005302			
1. Entity Name BUENA VIDA MASTER ASSOCIATION, INC.			
Principal Place of Business 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073-3450		Mailing Address 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073-3450	
2. Principal Place of Business - No P.O. Box # 1961 VIA BUENA VIDA		3. Mailing Address 1961 VIA BUENA VIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WELLINGTON, FL		City & State WELLINGTON, FL	
Zip 33411	Country	Zip 33411	Country
4. FEI Number 65-1108497		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POSIN, HARRY L 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073		Name LOUIS CAPLAN, C/O SACHS & SAX	
		Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD, SUITE 4150	
		City BOCA RATON	
		FL Zip Code 33431	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		70 Sachs + Sax 5/15/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEER, T.R. 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 330733450 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWEITZER, BOB 8913 VIA GRANDE EAST WELLINGTON, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEELMAN, MICHELLE 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PERSHAN, BARRY 9458 VIA ELEGANTE WEST WELLINGTON, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODGERS, FRANK 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 330733450 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, BARRY 9902 VIA ELEGANTE WEST WELLINGTON, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROPPER, SANDY 8681 VIA BRILLIANTE WELLINGTON, FL 33411 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIPANI, TOM 9722 VIA ELEGANTE WEST WELLINGTON, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIPANI, TOM 9722 VIA ELEGANTE WELLINGTON, FL 33411 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUTENBACH, BUD 8865 VIA GRANDE EAST WELLINGTON, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPOZA, DAVID 9410 VIA ELEGANTE WEST WELLINGTON, FL 33411 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/3/07 617791-7884	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	