2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N02000005844

Entity Name: M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18683 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18683 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 20-1792762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANGUZZA, JOSEPH H
1 SE 3RD AVENUE
SUITE #2150
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: FREILLE, GUILLERMO
Address: 18683 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P ( ) Delete
Name: STROUGGO, ROBERT
Address: 18683 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP ( ) Delete
Name: GOIHMAN, RICHARD
Address: 18683 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: S ( ) Delete
Name: MONSTAVICIUS, ALGERD
Address: 18683 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D ( ) Delete
Name: SUTTON, ELLIOT
Address: 18683 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT STROUGO PRES 04/29/2008
Electronic Signature of Signing Officer or Director — Date