

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2008
Secretary of State

DOCUMENT# N03000000990

Entity Name: ESTORIL MASTER ASSOCIATION, INC.**Current Principal Place of Business:**1395 BRICKELL AVE.
MIAMI, FL 33131**New Principal Place of Business:**1395 BRICKELL AVE.
200
MIAMI, FL 33131**Current Mailing Address:**1395 BRICKELL AVE.
MIAMI, FL 33131**New Mailing Address:**1395 BRICKELL AVE.
200
MIAMI, FL 33131**FEI Number:** 20-1332552**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERT W. STEWART, P.A.
1395 BRICKELL AVE
650
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**ROBERT W. STEWART, P.A.
18001 OLD CUTLER ROAD
600
MIAMI, FL 33157 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:

10/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MACHADO DA CRUZ, FRANCISCO
Address: 1395 BRICKELL AVE STE 200
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: SENKER, JOSEPH
Address: 1395 BRICKELL AVE STE 200
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: HARRINGTON, DONALD F JR
Address: 1395 BRICKELL AVE STE 200
City-St-Zip: MIAMI, FL 33131

Title: TRES () Delete
Name: COHN, BETH L
Address: 1395 BRICKELL AVE STE 200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CADOSH, ALEXANDRE
Address: 1395 BRICKELL AVE STE 200
City-St-Zip: MIAMI, FL 33131

Title: S (X) Change () Addition
Name: BARROSO, ARLENE
Address: 1395 BRICKELL AVE STE 200
City-St-Zip: MIAMI, FL 33131

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: BETH COHN

TRES

10/22/2008

Electronic Signature of Signing Officer or Director

Date