

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001598

FILED
Apr 02, 2009
Secretary of State

Entity Name: MURANO GRANDE AT PORTOFINO MASTER ASSOCIATION, INC.

Current Principal Place of Business:

400 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

400 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 57-1151708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGEL, DAVID H ESQ
BECKER & POLIAKOFF, P.A.
CORAL GABLES, FL 33134 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: P () Delete
Name: STIMMEL, JOHN
Address: 4500 ALTON RD, 3801
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: WASERSTEIN, STEVE
Address: 400 ALTON RD, 2110
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: BAIRD, JULIE
Address: 400 ALTON ROAD #701
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST () Delete
Name: BAIRD, JULIE
Address: 450 ALTON RD, 701
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RAMIREZ, ARNOLDO
Address: 400 ALTON RD, 3106
City-St-Zip: MIAMI BEACH, FL 33139

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: SHERRY WARD

MGR

04/02/2009

Electronic Signature of Signing Officer or Director

Date