

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008689

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: SANDY LANE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

ATTN: GANSEVOORT HOTEL GROUP  
100 RING RD. WEST, SUITE 101  
GARDEN CITY, NY 11530

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: GANSEVOORT HOTEL GROUP  
100 RING RD. WEST, SUITE 101  
GARDEN CITY, NY 11530

**New Mailing Address:**

FEI Number: 42-1643633      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.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
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: D ( ) Delete  
Name: KOSSMAN, MURRAY  
Address: 2399 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: ACHENBAUM, MICHAEL  
Address: 2399 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: ACHENBAUM, WILLIAM  
Address: 2399 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

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: MURRAY KOSSMAN

DIR

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date