

**NO 5000004530**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H12000173369 3)))



H120001733693ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : RITTER, ZARETSKY, LIEBER & JAIME, LLP  
Account Number : I20010000015  
Phone : (305) 372-0933  
Fax Number : (305) 704-8111

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL -2 PM 2:59

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: olieber@rzllaw.com

**REGISTERED AGENT CHANGE  
BONAVENTURE RESORT MASTER ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

*R. A. No. 45*

Electronic Filing Menu

Corporate Filing Menu

Help

Jul. 2, 2012 11:24AM  
850-617-8381

7/2/2012 10:49:07 AM PAGE 1/001

No. 0139 P. 2/4  
Fax Server



July 2, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
BONAVENTURE RESORT MASTER ASSOCIATION, INC.  
12000 BISCAYNE BLVD PENTHOUSE 810  
MIAMI, FL 33181

SUBJECT: BONAVENTURE RESORT MASTER ASSOCIATION, INC.  
REF: N05000004530

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H12000172474  
Letter Number: 312A00017842

RECEIVED  
2012 JUL -2 AM 8:02  
SUFFICIENCY OF FILING

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bonaventure Resort Master Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000004530

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oren Lieber, Esq.

Name of Contact Person

Ritter, Zaretsky & Lieber, LLP

Firm/Company

2915 Biscayne Blvd., Suite 300

Address

Miami, FL 33137

City/State and Zip Code

olieber@rzllaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oren Lieber, Esq.

Name of Contact Person

at ( 305 ) 372-0933

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Bonaventure Resort Master Association, Inc.
2. The principal office address: 2915 Biscayne Blvd., Suite 300, Miami, FL 33137
3. The mailing address (if different): 2915 Biscayne Blvd., Suite 300, Miami, FL 33137
4. Date of incorporation/qualification: May 2, 2005 Document number: N05000004530
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Thomas K. Ireland

12000 Biscayne Blvd. Penthouse 810

Miami, FL 33181

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Oren Lieber, Esq.


2915 Biscayne Blvd., Suite 300

P.O. Box NOT acceptable

Miami, FL 33137

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Authorized Agent  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

6-29-2012  
Date

If signing on behalf of an entity:

Oren Lieber  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2B045 (03/12)

FILED  
2012 JUL -2 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA