

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2007
Secretary of State

Entity Name: VALENCIA AT DORAL MASTER ASSOCIATION, INC.

Current Principal Place of Business:

730 NW 107TH AVENUE 4TH FLOOR
MIAMI, FL 33172

New Principal Place of Business:

10000 NW 45TH TERRACE
MIAMI, FL 33178

Current Mailing Address:

730 NW 107TH AVENUE 4TH FLOOR
MIAMI, FL 33172

New Mailing Address:

10000 NW 45TH TERRACE
MIAMI, FL 33178

FEI Number: 20-4197020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY R. MARGOLIS, P.A.
C/O DUANE MORRIS LLP
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ATLANTIC & PACIFIC MANAGEMENT
800 PALM TRAIL
SUITE 2
DELRAY BEACH, FL 33483 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: THOMAS SMITH

03/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HENDERSON, MERCEDES
Address: 730 NW 107TH AVENUE 4TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: DVP () Delete
Name: SIERRA, SYLVIA
Address: 730 NW 107TH AVENUE 4TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: DST () Delete
Name: AVILA, MIGUEL
Address: 730 NW 107TH AVENUE 4TH FLOOR
City-St-Zip: MIAMI, FL 33172

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 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: THOMAS SMITH

DIR.

03/08/2007

Electronic Signature of Signing Officer or Director

Date