

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000581

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** VALENCIA AT DORAL MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

10000 NW 45TH TERRACE  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10000 NW 45TH TERRACE  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 20-4197020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATLANTIC & PACIFIC MANAGEMENT  
800 PALM TRAIL  
SUITE 2  
DELRAY BEACH, FL 33483 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: 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: DP (X) Change ( ) Addition  
Name: HERRERA, CAROLINA  
Address: 730 NW 107TH AVENUE 4TH FLOOR  
City-St-Zip: MIAMI, FL 33172

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: SANFORD FOX

MNGR

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date