
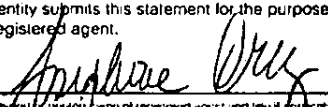
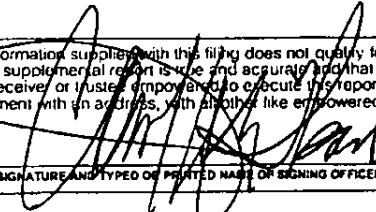


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90444 043 ****61.25

DOCUMENT # N06000009193					
1. Entity Name BIRD WINGATE MASTER ASSOCIATION, INC.					
Principal Place of Business 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155			Mailing Address 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8856520	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, HAROLD L ESQ. ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131			Name Josephine Cruz Street Address (P.O. Box Number is Not Acceptable) 4300 SW 73rd Ave Suite 105 City Miami FL Zip Code 33155		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		DATE: 4/26/07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ALAN		NAME		
STREET ADDRESS	4300 SW 73 AVENUE SUITE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUZ, JOSEPHINE		NAME		
STREET ADDRESS	4300 SW 73 AVENUE SUITE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TKACH, CONRAD		NAME		
STREET ADDRESS	4300 SW 73 AVENUE SUITE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: 		DATE: 4/26/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		KEYWORD PREFIX #	