Coronado at Doral Master Association, Inc.

SIGNATURE:

## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N07000002182 04-17-2008 90160 001 \*2,266.25 CORONADO AT DORAL MASTER ASSOCIATION, INC. Principal Place of Business Mailing Address 1245 MILITARY TRAIL 1245 MILITARY TRAIL SUITE 100 SUITE 100 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable 51-0587279 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) ATTN: GARY A. POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 **□X**Oelete TITLE TITLE PD Change **X**Addition HUMPHRIES, MICHAEL NAME NAME PAPADIMITRIOU, AMALIA STREET ADDRESS 1245 MILITARY TRAIL #100 STREET ADDRESS 1245 MILITARY TRAIL SUITE 100 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-7IP DEERFIELD BEACH, FL 33442 TITLE ☐ Delete TITLE Change Addition ALBERTSON, KARL NAME NAME STREET ADDRESS 1245 MILITARY TRAIL #100 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-7IP TITLE **C**XDelete STD TITLE Addition ☐ Change NAME PAPADIMITRIOU, AMALIA NAME BRADY, DAVID 1245 MILITARY TRAIL SUITE 100 STREET ADDRESS 1245 MILITARY TRAIL #100 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME GAUSMAN, CHRISTIAN NAME STREET ADDRESS 1245 MILITARY TRAIL #100 STREET ADDRESS CITY-ST-ZIA DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED